

**NOMINATIONS OF MARY KATHERINE WAKEFIELD,  
ANDREW LAMONT EANES, ELIZABETH ANN  
COPELAND, AND VIK EDWIN STOLL**

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**HEARING**  
BEFORE THE  
**COMMITTEE ON FINANCE**  
**UNITED STATES SENATE**  
ONE HUNDRED FOURTEENTH CONGRESS  
SECOND SESSION  
ON THE  
NOMINATIONS OF

MARY KATHERINE WAKEFIELD, TO BE DEPUTY SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES; ANDREW LAMONT EANES, TO BE DEPUTY COMMISSIONER, SOCIAL SECURITY ADMINISTRATION; ELIZABETH ANN COPELAND, TO BE A JUDGE OF THE UNITED STATES TAX COURT; AND VIK EDWIN STOLL, TO BE A JUDGE OF THE UNITED STATES TAX COURT

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FEBRUARY 4, 2016

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**NOMINATIONS OF MARY KATHERINE  
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UNITED STATES TAX COURT**

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**THURSDAY, FEBRUARY 4, 2016**

**U.S. SENATE,  
COMMITTEE ON FINANCE,  
Washington, DC.**

The hearing was convened, pursuant to notice, at 10:10 a.m., in room SD-215, Dirksen Senate Office Building, Hon. Orrin G. Hatch (chairman of the committee) presiding.

Present: Senators Roberts, Cornyn, Thune, Isakson, Scott, Wyden, Menendez, Cardin, Brown, Bennet, and Casey.

Also present: Republican Staff: Chris Campbell, Staff Director; Kimberly Brandt, Chief Healthcare Investigative Counsel; Jeff Wrase, Chief Economist; and Nicholas Wyatt, Tax and Nominations Professional Staff Member. Democratic Staff: Joshua Sheinkman, Staff Director; Ann Dwyer, Healthcare Counsel; Michael Evans, General Counsel; Anderson Heiman, International Competitiveness and Innovation Advisor; Elizabeth Jurinka, Chief Health Advisor; Tom Klouda, Senior Domestic Policy Advisor; and Tiffany Smith, Senior Tax Counsel.

**OPENING STATEMENT OF HON. ORRIN G. HATCH, A U.S.  
SENATOR FROM UTAH, CHAIRMAN, COMMITTEE ON FINANCE**

The CHAIRMAN. The committee will come to order. Today, we are going to consider the nominations of four individuals selected by the President for positions throughout the government.

While many people are already transfixed by election-year politics, it is important that we remain focused on being productive in this committee and, hopefully, throughout our whole Congress.

This committee has a long history of being able to set aside politics and achieve results that promote effective government no matter what party happens to be in power. While executive branch nominations are often the subject of political wrangling, my posi-

tion has always been that the President is entitled to appoint the people he wants to work with him in his administration, barring serious ethical lapses or extraordinary circumstances.

With that in mind, I do acknowledge the trust the President has placed in each of the nominees before us today, and I respect their recent opinions on the issues, even if I do not always share the same perspectives. I would like to take a few moments to speak briefly about each of the nominees who is here with us today.

First, we have Dr. Mary Wakefield, who has been nominated to serve as the Deputy Secretary of the Department of Health and Human Services. Dr. Wakefield has an impressive background, including several years of service as a staffer here in the Senate. We are proud of her. We hope no one holds that against her, however. [Laughter.] Her legislative background and training as a nurse have, in my opinion, prepared her for dealing with the crises that she will almost certainly have to deal with as HHS Deputy Secretary.

Dr. Wakefield has a reputation for being a problem-solver, and given the breadths and depths of issues she will be dealing with in this position, I suspect her biggest challenge will be determining which problems need to be solved first. I look forward to hearing more about Dr. Wakefield and why Dr. Wakefield wants to take on this very demanding job and what qualities she hopes to bring to it.

Today, we will also consider the nomination of Andrew LaMont Eanes to be Deputy Commissioner of the Social Security Administration. Currently, Mr. Eanes serves as Senior Advisor in the office of the Acting Commissioner and has a vast background in management technology and a demonstrated history of simply getting things done. We can always use more of that in our government. In fact, we could use more of that in the United States Senate.

Social Security is currently the largest single item in the Federal Government's budget. Roughly 60 million people—or around one-fifth of our total population of the United States—currently receive Social Security benefits. In fiscal year 2015, spending for Social Security benefits totaled \$877 billion—that is with a “b.” That is \$1 out of every \$4 spent by the Federal Government. And, despite the success we had last year in averting benefit cuts in the Social Security Disability Program, Social Security overall remains on an unsustainable fiscal path, with the combined trust funds projected to be exhausted in just 13 years.

Even with these fiscal challenges, operationally speaking, the Social Security Administration, or SSA, has fared better than most agencies in terms of budget allocations. Of course, we generally do not hear that from them. Instead, we tend to hear persistent claims from many SSA officials that any and all problems at the agency are caused by Congress's supposed refusal to provide adequate funding. Fortunately, however, there are also those at SSA who work hard day in and day out to ensure that taxpayers' funds are used as efficiently as possible for the sake of beneficiaries.

Everything that I have seen thus far indicates that Mr. Eanes is one of these diligent officials working to protect the taxpayer resources and to make sure that the benefit programs can be run as efficiently and as effectively as possible. That is precisely what

hardworking taxpayers and beneficiaries of these important programs deserve.

Last but not least, we will also hear from two nominees to the U.S. Tax Court: Elizabeth Ann Copeland and Vik Edwin Stoll.

As we all know, the Tax Court plays an important role in our tax system, as it is the only venue for taxpayers to challenge an assessed tax liability before being forced to remit payment. Judges on the Tax Court are some of the very few government officials who deal face-to-face with individual taxpayers on issues relating to their taxes. Therefore, it is important that we keep the Court staffed with qualified judges to ensure greater accountability to taxpayers and to ensure timely access.

And, as with our other nominees, everything we have seen thus far indicates that both Ms. Copeland and Mr. Stoll are highly qualified, with reputations for fairness and integrity.

In short, it appears that we have a strong slate of nominees before us today, and I look forward to more discussion about their qualifications during today's hearing. I want to thank all of the nominees for being here today and for their willingness to serve.

I will turn to our ranking member at this time, Senator Wyden, for his opening remarks.

[The prepared statement of Chairman Hatch appears in the appendix.]

**OPENING STATEMENT OF HON. RON WYDEN,  
A U.S. SENATOR FROM OREGON**

Senator WYDEN. Thank you very much, Mr. Chairman. Mr. Chairman, thank you for scheduling this hearing.

The Finance Committee meets today to consider four nominations for key posts in the Obama administration: Dr. Mary Wakefield, to be Deputy Secretary of the Department of Health and Human Services; Ms. Elizabeth Ann Copeland and Mr. Vik Edwin Stoll, to be judges on the U.S. Tax Court; and Mr. LaMont Eanes, to be Deputy Commissioner of the Social Security Administration.

First is Dr. Wakefield, who is serving as the Acting Deputy Secretary and has been since March of last year. When you ask Dr. Wakefield to describe her role, she will tell you it is much like being the chief operating officer. That is a demanding role at an agency that has 11 operating divisions, including the Center for Medicare and Medicaid Services, the Administration for Children and Families, the Food and Drug Administration, and the National Institutes of Health.

Before becoming Acting Deputy Secretary, Dr. Wakefield served for 6 years as Administrator of the Health Resources and Services Administration. She is an acknowledged expert in rural health care, and she is an educator and a nurse. And on top of that, Dr. Wakefield is also a former Capitol Hill staffer, which means she understands how to work through the nooks and crannies of the Congress, and we appreciate that background as well. She is an extraordinarily well-qualified nominee.

Next are Elizabeth Ann Copeland and Vik Edwin Stoll, both nominated to be judges on the Tax Court. These two nominees each have decades of valuable experience in tax law, Ms. Copeland in Texas, Mr. Stoll in Missouri.

For nearly a century, the Tax Court has guaranteed an important level of transparency and due process, and that is important so as to protect every American taxpayer. It ensures that all Americans can get a fair and timely hearing on tax disputes before they have to fork over a single dollar. Without this system, taxpayers would be forced to pay up front and make their case in slower-moving Federal courts.

The 19 judges who make up the Court have a challenging mission that requires them to travel throughout the country and, in effect, visit dozens of cities. These judges, in my view, do indispensable work to ensure that taxpayers' voices are heard and the Nation's tax laws are enforced in a fair and effective manner.

Next is Mr. LaMont Eanes, nominated to be Deputy Commissioner of Social Security. This program, of course, is a lifeline for millions of seniors, serving more than 60 million Americans and keeping many of them from falling into poverty. SSA is a very large agency, with 1,280 field offices nationwide to meet people's needs. It requires strong, confirmed leadership.

Some have raised questions about this nomination, because Mr. Eanes's background is not social insurance or public management. My own view is that often a fresh perspective can be especially valuable in helping to tackle challenges in Federal agencies.

Mr. Eanes brings significant management and technology expertise from his time in the private sector, which could be especially beneficial to Social Security right now so as to be able to deliver the best customer service, and this has been a special area of interest of mine going back to my days when I was director of the Oregon Gray Panthers and Senator Heitkamp was in Oregon.

Finally, I want to remind the committee that Social Security has not had a confirmed Commissioner in place since February of 2013. This committee should consider whether or not it is wise to confirm a deputy before a Commissioner is confirmed.

Social Security runs best when its uppermost leadership positions are filled by strong leaders who have been approved by the Senate, but legitimate questions have been raised about the best way to proceed. I look forward to discussing that with Chairman Hatch and with our colleagues on both sides of the aisle, and it is my hope that the administration puts forward a nominee to be Commissioner for the committee to process as soon as possible.

One last comment, Mr. Chairman, about some of our guests. Normally, a State has two Senators, but apparently North Dakota has three, and I do not think that is all so bad. [Laughter.]

Because the North Dakota Senators consistently work in a bipartisan and thoughtful way, they have always approached policy issues in exactly the kind of fashion that is the most likely to produce results and, of course, as Chairman Hatch and I have discussed, is really key in the Finance Committee.

Chairman Conrad is with us today, and for those who are not aware and some of our newer members, I think you cannot even put an estimate on the number of hours in this room that Chairman Conrad did thoughtful, bipartisan work.

I just would refer to an article this morning in *The Washington Post* that described Newt Gingrich and Tom Daschle, talking about the need for bipartisanship. And Senator Conrad helped all of us

to ensure that, in the Affordable Care Act, there was a bigger role for the States in making health policy, something that was very attractive to Senators on both sides of the aisle. So I am very glad that Chairman Conrad is with us.

I have asked the staff to ensure that there is a stand, an easel available in case Chairman Conrad needs to bring in some of his legendary charts.

But, Kent, it is wonderful to have you here. Dr. Wakefield is so lucky to have all three of you in her corner, and it is especially good to see my former seatmate. And by the way, just so it is clear, Chairman Conrad would have been a wonderful chairman of the Senate Finance Committee.

Thank you, Mr. Chairman.

[The prepared statement of Senator Wyden appears in the appendix.]

The CHAIRMAN. Thank you, and I agree with that, by the way.

We have four nominees before us today. First, Dr. Mary Katherine Wakefield is nominated to be Deputy Secretary of Health and Human Services. As I mentioned in my opening statement, you have a very distinguished background, which is apparent from the fact that there are three of our colleagues here today to speak for you.

I want to thank Senators Hoeven and Heitkamp for being here today. But I also want to thank our former Finance Committee colleague, Senator Conrad. He was one of the most enjoyable persons to work with in my whole time in the U.S. Senate, and we are grateful to have you here. We just really wish we had you on the committee here now, but you have gone on for filthy lucre and—that is supposed to be funny. I think it is really funny. [Laughter.] It is a biblical quote, you know. It is not so bad. It is not so bad. I notice your suits are much better than they used to be here. [Laughter.]

I have to say we miss you. You were always a very thoughtful person, and with your background in finance and everything in your State, you were a great asset to all of us, and we all really appreciate you.

We appreciate these other two colleagues too. They are doing a great job for their State. It is very impressive that you have three great people here today to speak for you. I think it is a great thing.

So we will go ahead with the nominee. If you will introduce your family first, then we will have the testimony of these three.

Dr. WAKEFIELD. Thank you, Senator Hatch and Senator Wyden and committee members. I think I have a nephew here. I am not sure. I have not seen him.

Are you here? Lucas, just stand up. This is one of my nephews, the son of one of my favorite brothers, who regrettably was killed in a car accident about 9 years ago. My nephew was injured in that accident, but he is beloved by his entire family, including his old Aunt Mary.

So, Lucas, I am so glad you are here.

The CHAIRMAN. Good to have you with us.

Then why don't we go ahead and start with you, Senator Hoeven? Then we will go to Senator Heitkamp, and then we will finish up with our Senator Conrad.

**STATEMENT OF HON. JOHN HOEVEN,  
A U.S. SENATOR FROM NORTH DAKOTA**

Senator HOEVEN. Thank you, Mr. Chairman. I thought your remarks were very pithy, witty, and very funny. [Laughter.] I enjoyed them all.

The CHAIRMAN. I am not known for that.

Senator HOEVEN. I am trying to get on Finance. [Laughter.]

The CHAIRMAN. That was a good start.

Senator HOEVEN. I am pleased to be here, both with Senator Heitkamp and Senator Conrad. It is certainly good to see you again, Senator Conrad.

Thank you, Chairman Hatch and Ranking Member Wyden. It is a pleasure to introduce Dr. Mary Wakefield and encourage your support for her confirmation as Deputy Secretary at the U.S. Department of Health and Human Services.

I have had the pleasure of working with Dr. Wakefield during my time as Governor of North Dakota and more recently as a member of the U.S. Senate, and she is a dedicated public servant and a hardworking health-care advocate.

Dr. Wakefield is a native of my home State of North Dakota, where she began her distinguished career in health care and public service. She has the clinical and academic and policy expertise to qualify her for this position. Coming from North Dakota, she also has the work ethic necessary to help her succeed.

Early on in her career, Dr. Wakefield gained vital experience working as a nurse, while also teaching nursing at the University of North Dakota. From there, Dr. Wakefield went on to work for North Dakota Senator Quenton Burdick and our colleague who is here today, Senator Kent Conrad, specializing in health policy and rising to serve as his Chief of Staff.

Following her service on Capitol Hill, she returned to academia, first at George Mason University, then back to her roots at the University of North Dakota. As Governor of North Dakota, I saw firsthand Dr. Wakefield's dedication and commitment as associate dean and the director of the UND Center for Rural Health. Like Dr. Wakefield, I believe that regardless of zip code, people should have access to high-quality, affordable, and accessible health care.

Dr. Wakefield understands firsthand the challenges associated with providing quality, affordable, and accessible health-care services, particularly in rural and tribal communities. This knowledge will be a valuable asset to her as she helps to lead HHS. Dr. Wakefield has devoted her career to improving health care and serving the public, and I encourage this committee to support her nomination and send her to the full Senate for confirmation.

Again, Mr. Chairman, and to the ranking member and all the members of the committee, thank you for allowing me to be here on Dr. Wakefield's behalf and for your consideration of her nomination.

The CHAIRMAN. Thank you, Senator Hoeven.

Let us turn to Senator Heitkamp now.

**STATEMENT OF HON. HEIDI HEITKAMP,  
A U.S. SENATOR FROM NORTH DAKOTA**

Senator HEITKAMP. Thank you, Mr. Chairman, and thank you, Mr. Ranking Member, for the kind introduction, especially to my colleague and great friend to the left of me. He does not like it when I say he is to the left of me. [Laughter.]

What you do not know about Senator Conrad is that he has traded in this suit for a basketball jersey, because, in spite of being age- and height-deficient, he still thinks he has an opportunity for a contract in the NBA. So if any of you can help him with that, that would be remarkable.

The CHAIRMAN. I will be happy to represent him. [Laughter.]

Senator HEITKAMP. Please; the Jazz might need someone of his tenacity.

The CHAIRMAN. What do you mean they might need someone? [Laughter.] Actually, they are doing pretty good right now.

Senator HEITKAMP. I wanted an opportunity to maybe tell you things that are not on the resume. Number one, I have been on the other side of these kinds of committee hearings, and I always wonder, will they return my phone call? Will they tell me the truth?

Will they work harder than anyone will ever work? Will they work, with common sense and with a sense of dignity and purpose? Will they work collaboratively? Will they hold people accountable in agencies where sometimes we are enormously frustrated that they are not held accountable?

And I am proud to sit here and endorse and recommend Dr. Mary Wakefield to all of you, because she will return your phone calls. She will give you a straight answer in terms of what those challenges are. She will hold people accountable.

The CHAIRMAN. I am going to remember this, Doctor.

Senator HEITKAMP. She will hold people accountable who are not doing their job. She will make this agency work better.

The one thing that she also will do that might irritate you, Mr. Chairman, is she talks very fast, and occasionally you need to slow her down, because she thinks as fast as she talks.

So she is a great friend. But the last great recommendation is that no one cares more about people, especially people who are disadvantaged, people who need health care in this country, people who suffer and die way too early because they do not get quality health care.

She is a member of the most trusted occupation in America, and that is not politician and it is not lawyer. It is American nurses. And it is time that we take that expertise and that leadership that nurses show every day, put it in among the highest ranks, and bring that compassion, along with the efficiency that nurses are taught and believe in.

So I recommend her. I could not recommend Mary any higher to you as a potential candidate for this job.

Thank you, Mary, for letting me introduce you.

The CHAIRMAN. Thank you so much.

Senator Conrad, we are looking forward to hearing from you.

**STATEMENT OF HON. KENT CONRAD,  
FORMER U.S. SENATOR FROM NORTH DAKOTA**

Senator CONRAD. Thank you, Mr. Chairman.

Chairman Hatch, first of all, thank you for holding this hearing. We appreciate it very much.

Ranking Member Wyden, thank you very much for your kind remarks. We did spend a lot of time together here and in the Budget Committee, and it is so good to be back and see you.

Senator Roberts, wonderful to see you. We spent a lot of hours together working on agriculture.

Senator Thune, Senator Burr, Senator Scott, I did not have a chance to serve with you.

Senator Cardin, you are a dear friend.

I am here—I am going to speak very briefly. Mary Wakefield was my Chief of Staff, and she was simply outstanding. We have heard a lot of talk in the presidential campaign about somebody maybe being low-energy. Mary Wakefield is high-energy. She is super high-energy.

I remember I used to go in Mondays, we would have a staff meeting, and I would give her a long list of things to do for the week. Then I would come back Monday afternoon and it was all done, and she got two more pages of things checked off.

That is Mary Wakefield. She gets things done. That is exactly what is needed at this department.

She is also somebody of high character. She referenced the terrible accident that occurred in her family, and I remember watching her response. When her brother was killed, Mary waded right in, and she was the rock for that family. She was the chief caregiver, she was the one who provided the emotional support, the financial support. She was all in for her family. And that is the way Mary Wakefield is.

She is simply exceptional. She is whip-smart, she is hard-working, she is honest, she is exactly what you would hope to attract in these positions of high responsibility. And she is also fair-minded.

Let me just conclude on something Senator Heitkamp mentioned. She will return your calls. I remember being so frustrated when people whom we had confirmed would not call you back.

I will tell you, not only will she call you back, she will give you a straight and honest answer. And, you know, I do not think there is any higher commendation that I can give than that.

So it is good to be back. I am so delighted you are holding this hearing, and I ask you to move this nomination as expeditiously as possible. Dr. Mary Wakefield will make you proud.

Thank you.

The CHAIRMAN. Thank you, Senator.

Doctor, these are very wonderful statements on your behalf. We will now take your statement.

**STATEMENT OF MARY KATHERINE WAKEFIELD, Ph.D., NOMINATED TO BE DEPUTY SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC**

Dr. WAKEFIELD. Chairman Hatch, Senator Wyden, and members of the committee, thank you for inviting me here today to discuss

my nomination to serve as Deputy Secretary of the Department of Health and Human Services.

I want to especially thank my North Dakota Senators Hoeven and Heitkamp for being here and for their terrific work on behalf of all North Dakotans. And a very, very special thank you to Senator Conrad, who served on this committee. As his Chief of Staff, I learned something valuable from him every single day that I worked for him. Perhaps most importantly, I learned that serving the American people is a high privilege, and I also learned that how we spend every taxpayer dollar matters.

Each and every day, HHS is working on behalf of the American people. It conducts cutting-edge research through the National Institutes of Health. It protects our food and medicine through the Food and Drug Administration. It fights outbreaks of disease at home and abroad through the Centers for Disease Control and Prevention. It supports the health of our Nation's children and those in need through human service programs like Head Start.

Internationally, we have worked closely with global leaders to create the systems that will help us prevent and respond quickly to global threats, like Ebola. At home, we have convened leaders from every State, including your home States, to respond to the rise in opioid addiction and overdoses.

I am honored that President Obama has nominated me to serve as the Deputy Secretary, and I am deeply appreciative of this committee's consideration of my nomination. I believe that my commitment to the people that our departments serve, as well as my background and expertise, have prepared me for this position.

The steps on my path toward being seated here today began when I was working in a small rural hospital in North Dakota in the early 1970s, when I was balancing nurse aide jobs, working the night shift in a newborn nursery and an evening shift in a local nursing home. In those settings, I had the opportunity to see nurses and others helping to improve and to save people's lives. I found hometown heroes in those buildings, and I was particularly drawn to the impact that nurses had.

While I have worked in urban health care settings, I have always been especially drawn to the strengths and challenges facing rural health care. I have seen headwaters of innovation in health care dotting our country's rural landscape, from innovative applications of tele-health technology to coordinated team-based care. And across over 8 years of working as staff to two U.S. Senators, and particularly when working on rural health issues, I learned that some of our best partners sat on both sides of the aisle. And for 6 years, I brought that orientation to the job of Administrator of the Health Resources and Services Administration.

If confirmed as Deputy Secretary, these experiences will inform how I approach my work, as well as my focus on performance improvement across our wide breadth of programs. I will work as hard as I possibly can, because I know that people depend on what we do, and they depend on how well we do it, and also because I work for a Secretary who is fully dedicated to doing everything that she can through the end of this administration to deliver impact for the American people.

At HHS, the primary focus of the Deputy Secretary's role is to help manage the Department's operations, from organizational structure to infrastructure to personnel, and to do it with priority focus on efficiency and effectiveness.

If confirmed, I will work with senior leaders and frontline staff to prioritize data security. I will work to build our strategies and to ensure our next generation of senior leaders that they have the skills and knowledge that they need to execute the Department's mission. And I will work to make sure that we continue to drive organizational process improvements forward and keep people accountable for measurable performance. And I will work to strengthen HHS's culture as a learning organization that focuses on adopting good ideas, no matter where they come from.

The approach that I bring to this role recognizes the value of finding common ground. Those of you who have worked closely with Secretary Burwell know that that is her orientation, and it is mine as well. And frankly, it really is in a nurse's DNA to work collaboratively and to address problems fully and quickly. If confirmed, that is the same approach that I will bring to my work and to working with you and your colleagues on behalf of the health of the American public.

Chairman Hatch and Senator Wyden, thank you again for the opportunity to testify, and I look forward to answering your questions.

[The prepared statement of Dr. Wakefield appears in the appendix.]

The CHAIRMAN. Thank you so much. As you can see, I have a lot of things going on up here. But we are grateful for your testimony.

Next, we have Andrew LaMont Eanes, nominated to be Deputy Commissioner of Social Security. Now, Mr. Eanes comes from a management background, which I think is something that could really be helpful to the Social Security Administration. I think it is a very important thing. I think it is great you are willing to come from the private sector and share your experience there through government service.

I understand that Senator Roberts would like to introduce you—you and your family here today. So we will turn to Senator Roberts.

Senator ROBERTS. Thank you, Mr. Chairman, for that privilege. I am going to be making some comments on behalf of LaMont Eanes, who is the nominee for Deputy Commissioner of the Social Security Administration. But I think we all can still recognize the sartorial splendor and countenance that the former member of this Senate has, which has already been discussed at length by other members, Senator Kent Conrad. Kent, Seth Curry you are not. I just wanted to toss that out. [Laughter.]

It has been pointed out how many hours that you worked on this committee and how many hours we worked together on behalf of agriculture. All that is true, but I also spent countless hours acting as the acting presiding officer of the U.S. Senate, listening hour after hour after hour to the sage advice of the distinguished Senator.

He was known as the chart master of the Senate. I think we even designated by resolution that you were the chart master, and

I can only ask, is it possible that you could have brought to the committee the historic chart, the \$12-billion picture of Bossy, the poor bovine frozen in place?

Do you have that? You indicated to me that that chart was worth \$12 billion in agriculture payments to your constituents.

Senator CONRAD. Six billion.

Senator ROBERTS. Six billion. It is good to see you back, Kent.

Now, it is my privilege to introduce LaMont Eanes, the nominee for Deputy Commissioner of the Social Security Administration. Mr. Chairman, my colleagues, I know LaMont Eanes as an impressive businessman, innovative thinker, and a very proud Kansan from Johnson County, KS.

As we all know, Social Security is an important component of American workers' retirement planning. It also serves as a vital safety net for individuals with disabilities and those surviving family members of workers who have passed away. Unfortunately, the way things are, fraud, exhausting benefits, increases in beneficiaries, and questionable guidance have plagued this very vital program.

LaMont's nomination comes at a time of needed leadership and experienced management skills at the agency. While assisting the Acting Commissioner, LaMont has already brought a wealth of experience to critical activities within the agency.

He quickly committed to developing and implementing online services to improve beneficiary interactions. Additionally, he has worked with the improper payments and oversight team to ensure improvements are created and correctly implemented to maintain the integrity of this program.

He has also established the Information Technology Investment Process Team. This team was formed to streamline the process for technological investments to support the overall mission of the Social Security Administration. Furthermore, his dedication to efficiency drove him to develop an office that will provide an analysis of project performances across all programs in the agency.

So, given his record as a leader in private, public, and government sectors, I know he will bring a balanced perspective to the agency, and I look forward to additional meaningful changes that will increase efficiency, decrease fraud, and improve beneficiary experience.

As he and I discussed in my office, I know myself and many of my colleagues are concerned with the fraud, inefficiency, and lack of guidance that lies within the system, and I look forward to hearing reasonable solutions that can serve as a guide for tomorrow from Mr. Eanes.

LaMont, welcome to the committee. It has been my privilege to introduce you.

The CHAIRMAN. Mr. Eanes, that is high praise. We will turn to you for any statement you care to make at this time.

Now, we are probably going to have a vote about 11:30. Hopefully, we can conclude this before we have the vote.

But go ahead, Mr. Eanes. We are happy to have you here.

**STATEMENT OF ANDREW LAMONT EANES, NOMINATED TO BE  
DEPUTY COMMISSIONER, SOCIAL SECURITY ADMINIS-  
TRATION, BALTIMORE, MD**

Mr. EANES. Thank you, Mr. Chairman. And thank you for that kind introduction, Senator Roberts.

Mr. Chairman, Ranking Member Wyden, members of the committee, thank you very much for scheduling this hearing.

As I start, I would like to also acknowledge my thanks for my family being here: my wife Linda; my son Austin, from Denver now; and my son Drew, from Johnson County, KS, as well as his wife Hannah.

The CHAIRMAN. We are happy to have all of you here. It is a privilege to have you in this hearing.

Mr. EANES. It is an honor to be here today as President Obama's nominee for Deputy Commissioner of Social Security.

I grew up in the Midwest, in Ohio. I received my undergraduate degree in political science from Ohio Northern University and MBA from Baldwin Wallace College. I also completed marketing and management programs at Duke University, the University of Kansas, and Columbia University.

I have spent the past 25 years of my career in the private sector and have performed nearly every function in an enterprise. My career path has led me to experiences in places beyond Ohio's borders, including Kansas, Missouri, Florida, Massachusetts, Maryland—even to Europe, Asia, and Australia.

Prior to joining SSA, I served in progressively more responsible roles and co-founded two small businesses. I have demonstrated managerial expertise in finance and operational roles, focusing on improving workforce efficiency and productivity through strategic planning and technology adoption. I am now at a point where I believe that my experience, dedication, and ingenuity can be an asset in the public sector as well.

For the past 15 months, I have served as Senior Advisor to the Acting Commissioner of Social Security, Carolyn Colvin. Acting Commissioner Colvin has asked me to lead efforts in succession planning, online 1099 replacement, better prioritization of information technology projects, addressing improper payments, and improving telecommunications services. I have worked side-by-side with dedicated employees at SSA. Every day, I have been impressed by their tireless efforts and determination to serve the American public with care and compassion.

The amount of change and progress the world has witnessed in technology the last few decades, even the last 10 years, is staggering. If Social Security is to meet service expectations for generations to come, the agency will have to be inventive, bold, and thoughtful in new ways. I believe I can contribute to SSA by building upon its successes of the past with innovative strategies for the future.

This is the lesson I took from my private-sector experience and what will guide my work at SSA: no matter how good we are today, we can be better tomorrow.

This opportunity with SSA would be a great professional honor, as the agency's mission is closely aligned with my own personal goals. I hope to pair my career experience with my passion for serv-

ing the underprivileged and vulnerable children and families in our communities.

I have previously served on community and civic organizations, including the United Way, the Parent-Child Home program for early literacy and school readiness, the Ozanam Home for at-risk youth, the Love Fund for Children, and Life Concepts, Incorporated, helping people with disabilities achieve their goals. These experiences have only enhanced my awareness that service to our fellow citizens, especially those most in need, is perhaps the greatest good we can accomplish.

SSA provides an amazing opportunity to make a difference. The programs the agency administers provide benefits to about one-fifth of the American population, providing financial protection in retirement and in the event of serious disability.

I have observed that the agency is rethinking the way it conducts business. It is developing innovative ways to meet increasing workload demands and provide customer-driven options for service delivery by providing more choice. These upgrades are important and necessary. At the same time, SSA must prepare for the anticipated employee retirement wave and addressing its aging IT infrastructure. These are opportunities that could benefit from a private-sector perspective.

I believe my philosophy of continuous improvement will pair well with the agency's can-do spirit. If confirmed, I will work to leverage my private-sector experience. I will strive to help the agency, in its work, adopt new technology, but not just for technology's sake, mind you, but in ways that have real and measurable effect on the agency's operation and for the American taxpayers. I will do my part to help the agency face its challenges and support open government principles of transparency, participation, and collaboration.

As the President recently said, Social Security is now more important than ever. If confirmed, I will bring the full measure of my business experience toward the continued success of this enduring promise. I want the American people to be confident that the Social Security system is administered effectively and efficiently.

Finally, I want Americans to be confident that Social Security will be there for all of us today, tomorrow, and well into the future.

Thank you, and I am happy to answer any questions you might have.

[The prepared statement of Mr. Eanes appears in the appendix.]

The CHAIRMAN. Thank you so much.

Next, we will hear from Elizabeth Ann Copeland, nominated to the U.S. Tax Court.

I mentioned the importance of the Tax Court in my opening statement. And we are also honored to be joined at this hearing by several of your prospective colleagues, if you are confirmed, and I believe you will be. I want to recognize Chief Judge Thornton, Judge Cohen, Judge Colvin, Judge Paris, Judge Pugh, Judge Nega, and Chief Special Trial Judge Panuthos.

That is pretty impressive. So we are happy to welcome all of you judges here as well. We know you do a terrific job for our country, and we are proud of the Tax Court.

So, Ms. Copeland, please introduce your family. Also, I understand Senator Cornyn will make an introductory statement.

Senator CORNYN. Mr. Chairman, I can jump in here, if you do not mind. Is that all right?

The CHAIRMAN. That would be fine.

Senator CORNYN. And my apologies, Ms. Copeland. The committee, we are all multi-tasking a little more than usual this morning with the National Prayer Breakfast, nurturing our souls, and then trying to take care of the people's business.

But, Ms. Copeland, welcome to you and your family. Were you able to bring family members with you?

Ms. COPELAND. I was, Senator Cornyn.

Senator CORNYN. Please introduce them.

Ms. COPELAND. I would like to really quickly introduce my very supportive husband, Brad Wilder; my awesome mother, Josephine Copeland; my dad, William Copeland; my step-mom, Barbara Copeland; my son, Davis Wilder; and my best friend, Ruth Geisler. Most from Texas, a couple from Ohio.

Senator CORNYN. A couple of them got away, I guess, it sounds like.

Ms. COPELAND. Yes, a couple got away.

Senator CORNYN. Mr. Chairman, Ranking Member Wyden, and members of the committee, it is my honor to introduce a fellow Texan who has been nominated to serve on the United States Tax Court.

Ms. Copeland is a graduate of the University of Texas School of Law and is a certified public accountant, and she practices law with some of the most outstanding lawyers in San Antonio, TX, at Strasburger and Price, and with the Oppenheimer firm, I know, before that.

Her experience involves dealing with complex tax issues, including the handling of employment tax disputes, innocent spouse representations, IRS appeals, and Tax Court litigation. She is a former attorney advisor to the Tax Court and has served as chair of the State Bar of Texas Tax Section.

She is responsible for establishing the United States Tax Court pro bono program, the first statewide program of its kind in the Nation, which is now used as a model for other State bars to provide pro bono assistance to low-income taxpayers.

Finally, *Tax Analyst* named her the 2012 Tax Person of the Year in its national edition of "Tax Notes," a publication that many tax experts consider to be the leading publisher of tax information.

Ms. Copeland is highly regarded by her peers in the legal community, and I think she will be a valuable addition to the Tax Court.

Ms. Copeland, I will add, when the Chairman of the Finance Committee expresses confidence that you will actually be confirmed, you will be confirmed. So I look forward to hearing your testimony and thank you for your willingness to take on this big responsibility.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator. I am very impressed with your statement.

I think you will be confirmed, so do not worry. Senator Cornyn here, he has been known to kill. [Laughter.] You are very well represented by him. We are happy to take your statement.

**STATEMENT OF ELIZABETH ANN COPELAND, NOMINATED TO BE A JUDGE OF THE UNITED STATES TAX COURT, WASHINGTON, DC**

Ms. COPELAND. Thank you for those kind words, Senator Cornyn. I really appreciate it.

Chairman Hatch, Ranking Member Wyden, and distinguished members of the committee, I would like to thank you for the privilege of appearing before you today as the President's nominee to serve as a judge of the United States Tax Court. I am grateful to the President for his confidence in me. And I wish to thank the staff here who have been very generous with their time getting me to this point and working with me on my nomination.

As you may know, I would not be here without the support of many throughout my life. I already introduced my family. I am so happy you are here with me today sharing this moment.

Early in my career, I had the opportunity to work as an attorney advisor for Judge Mary Ann Cohen. I learned so much under her direction. Upon leaving the employ of the Tax Court, I returned to my hometown of San Antonio, TX, which is also Senator Cornyn's hometown, to pursue a career in tax law. I spent over 2 decades specializing in tax controversy work and litigation, originally with the law firm of Oppenheimer, Blend, Harrison, and Tate, which later merged with Strasburger and Price.

While practicing in Texas, I received my board certification in tax law from the Texas Board of Legal Specialization. I was very active with the ABA's Section of Taxation. I should mention that a lot of my friends from the ABA are in the audience as well, and I appreciate their support.

I also served as chair of the State Bar of Texas, Tax Section, 2013 through 2014. As a member of the Texas State Bar, I realized there was a need for unrepresented taxpayers to have assistance in Tax Court, most of whom could not afford legal counsel.

So, with the help of Chief Special Trial Judge Panuthos, who is here today, and representatives from IRS area counsel, we established an all-volunteer pro bono program to assist in all five cities where the Tax Court sits in Texas. It was one of my most treasured accomplishments, and that program is still thriving today.

Working with the program and also in my own practice, I have seen the key role that the Tax Court plays in shaping tax law. It is imperative for taxpayers to have their cases heard before an impartial party and for both the taxpayer and the IRS representatives to be treated with respect.

I believe my strong background in tax controversy work will provide me a foundation to fairly and impartially administer the tax laws with congressional intent. If confirmed, I would hope to maintain and enhance the public's confidence in the Tax Court as a neutral prepayment forum for resolution of tax disputes, as you stated, Chairman Hatch.

Thank you so much, Chairman Hatch and Ranking Member Wyden, for having me here today, and thank you to the other members of the committee for your consideration.

I will be happy to answer any questions.

[The prepared statement of Ms. Copeland appears in the appendix.]

The CHAIRMAN. Thank you so much. We are really happy to have all your family members and friends here today for these various nominees. We are grateful that you would take time out of your busy schedules to do this.

At this point, let me just turn to our last witness, and that is Vik Edwin Stoll, who is also nominated to the U.S. Tax Court.

Mr. Stoll has a long history working as a tax professional, with many years spent in private practice before serving Jackson County, MO as Director of Collections, I believe, and Deputy Chief Administrative Officer.

Your nomination to the Tax Court is the culmination of a very distinguished career. I noticed that the first job listed in your Finance Committee questionnaire is a sod worker in Kansas City. Since then, you have represented, I am sure, a large number of taxpayers and, uniquely, also been on the government side of tax as Director of Collections of Jackson County. You stand to bring a perspective not shared by many people to the Tax Court.

Would you explain to us what a sod worker is?

Mr. STOLL. Sod worker?

The CHAIRMAN. Yes.

Mr. STOLL. Just throwing down sod on the golf course and making sure that it grows. That was it. [Laughter.]

The CHAIRMAN. That sounds good enough to me. I myself learned a trade, a skilled trade, as a young man. I worked 10 years in the building construction trade unions, and I am happy I did. I think you will understand a lot of people and their problems, and that is just great.

Both of you are just excellent nominees, as far as I am concerned.

Now, I understand no one was able to travel to be here today, though I want to give you the opportunity to recognize anyone you care to.

Mr. STOLL. Thank you, Mr. Chairman. Yes. No one from my family was able to attend, but I know that they are supporting me 100 percent.

The CHAIRMAN. That is great. If I hear from any of them who do not support you, I will be—— [Laughter.]

Mr. STOLL. Please let me know.

The CHAIRMAN. I want to thank you nominees and, of course, all those who have taken time out to come and speak for you.

You have not given your testimony yet. Go ahead, Mr. Stoll. I have so many things on my mind, I seem scatterbrained today. This is a really tough day.

But go ahead; please give your statement.

**STATEMENT OF VIK EDWIN STOLL, NOMINATED TO BE A  
JUDGE OF THE UNITED STATES TAX COURT, WASHINGTON, DC**

Mr. STOLL. Mr. Chairman, Ranking Member Wyden, and distinguished members of the committee, thank you for allowing me the opportunity to be here today. I am greatly honored to have been nominated to be a judge on the United States Tax Court, and I wish to sincerely thank President Obama for that nomination and the confidence that he has shown in me.

It is an honor for me to be here today, and I am grateful for your consideration of my nomination and appreciative of the committee staff for their hard work in expeditiously completing the processing for that consideration.

I also would like to thank my wife of 33 years, Jan, and our three children for the support, encouragement, and inspiration that they have always given me. And I will always be most grateful to my parents, career government employees, for providing me with a deep appreciation for the importance and privilege of public service.

Ever since I first appeared before a Tax Court Judge, representing a client as a young law firm associate more than 33 years ago, I have had a strong desire to be a judge on the United States Tax Court.

I practiced law for nearly 30 years in the private sector, with Federal tax planning and controversy, including Tax Court practice, as large parts of that law practice. In that practice, I enjoyed an excellent working relationship with IRS personnel, revenue agents, revenue officers, special agents, appellate conferees, and district counsel.

During that time, I also had the privilege of serving the public in many different roles, including serving nearly 4 years as a member of the Missouri Housing Development Commission, more than 4 years as a member of the Missouri Development Finance Board, approximately 3 years as a member of the Desegregation Monitoring Committee of the U.S. District Court for the Western District of Missouri, 3 years as a member of a local school board, and 1 year as a member of my city's Charter Review Commission.

For the past 6½ years, I have served in a managerial and administrative capacity in the government of Jackson County, MO, including the management and oversight of the county's collection department that collects more than \$850 million annually in tax revenues from more than 60 taxing jurisdictions.

My private-practice experience, representing clients and working closely with IRS personnel, my service on the Missouri Housing Development Commission, the Missouri Development Finance Board, and more than 6 years of experience setting policy and managing and overseeing the Collections Department of Jackson County, MO and evaluating the merits of property tax disputes, all have given me a good perspective of private-sector and public-sector work, a good understanding and appreciation of the needs and expectations of parties to tax controversy, and the practical aspects of preparing for, litigating, and, when possible and appropriate, settling Federal tax controversies.

That experience also has reinforced and confirmed my firm belief that, for the success of our tax system, it must be fair and it must

be perceived by taxpayers as being fair. The Tax Court plays a crucial role in assuring that fairness and that perception. If confirmed, I will always strive to continue in the tradition of the Tax Court to fulfill that crucial role.

I love public service and have had the very good fortune and privilege of being able to serve my community, my city, my county, and my State. I have a very strong desire to now use my skills and experience to serve my country as a United States Tax Court judge.

Thank you, again, for this opportunity to be here today. I am happy to answer any questions that you may have.

[The prepared statement of Mr. Stoll appears in the appendix.]

The CHAIRMAN. Thank you, Mr. Stoll.

Thanks to each of you. We are grateful to have all of you here today.

Now, I have to ask some obligatory questions. So we will just go across the board each time. They do not need a lot of comment.

First—and this applies to each one of you—is there anything that you are aware of in your background that might present a conflict of interest with the duties of the office to which you have been nominated?

Dr. WAKEFIELD. There is not.

Mr. EANES. No, Mr. Chairman.

Ms. COPELAND. No.

Mr. STOLL. No, Mr. Chairman.

The CHAIRMAN. Fine. Do you know of any reason, personal or otherwise, that would in any way prevent you from fully and honorably discharging the responsibilities of the office to which you have been nominated?

Dr. WAKEFIELD. I do not.

Mr. EANES. No, Mr. Chairman.

Ms. COPELAND. No, Mr. Chairman.

Mr. STOLL. No, Mr. Chairman.

The CHAIRMAN. Do you agree, without reservation, to respond to any reasonable summons to appear and testify before any duly constituted committee of the Congress, if you are confirmed?

Dr. WAKEFIELD. Yes, I do.

Mr. EANES. I will, Mr. Chairman.

Ms. COPELAND. Yes, Mr. Chairman.

Mr. STOLL. Yes, Mr. Chairman.

The CHAIRMAN. Thank you. Finally, do you commit to provide a prompt response in writing to any questions addressed to you by any Senator of this committee?

Dr. WAKEFIELD. Yes, sir.

Mr. EANES. I will, Mr. Chairman.

Ms. COPELAND. Yes, Mr. Chairman.

Mr. STOLL. Yes, Mr. Chairman.

The CHAIRMAN. Well, thank you. I will tell you what, let me just turn to Senator Wyden, if he has any questions.

Senator WYDEN. Thank you, Mr. Chairman. I just have two.

You all are, I think, very, very qualified people. One question for you, Dr. Wakefield. One of the things that is most exciting about the work ahead in this committee is the chance to, in health care, make some extraordinarily important advances, advances that we

can deal with in a bipartisan way, advances where I think, frankly, health care has not kept up with the times.

In particular, I want to ask you one question about how we tackle chronic disease. Of course, Medicare in 2016 is hugely different from Medicare when it began in 1965. It is not primarily about long hospital stays and if somebody hurts their ankle. It is about cancer, diabetes, heart disease, strokes.

That is the future of Medicare and American health care, and this committee has been working, under Chairman Hatch's leadership, in a bipartisan way. We have a bipartisan task force—in particular, Senator Isakson and Senator Warner heading it up—working to put together some very thoughtful recommendations: more in-home care, for example the Independence at Home program that you know so much about. When it comes to Medicare, what is exciting about this is, we have an opportunity to protect the Medicare guarantee, the sacred Medicare guarantee, and modernize the program and improve the delivery system.

There is one area that you have particular expertise in, and that is rural health. I have communities like Fossil and La Grande that really are interested in the kind of response you will give here.

I see tele-medicine playing a hugely important role in improving chronic care for older people in rural areas. This is a chance to connect patients and providers and, I think, make a huge difference in basically improving care and also doing it in a cost-effective way.

What role would you see tele-medicine playing in chronic care in rural areas?

Dr. WAKEFIELD. Thank you for the question, Senator Wyden. I am actually extremely enthusiastic about the application of tele-medicine for both rural and urban areas. But with regard to rural areas and in the area with the focus that you just mentioned, it is particularly important.

We have a higher disease burden of many chronic illnesses in rural versus urban areas. So that focus is critically important. The ability to reach out and connect individuals with chronic illness who reside in rural areas is important, both in terms of using technology and also in the deployment of primary care providers.

So it takes both, I think, from my vantage point. It is important that we ensure that there is access to primary care providers. We have key programs that allow us to help deploy primary care physicians, nurse practitioners, and so on. It is also important to connect them through tele-medicine technology.

Chronic disease management through a technology application is one of the areas that your Federal Office of Rural Health Policy at HHS is focusing on right now. We are actually doing demonstrations in this very area. So it knits together the application of that technology with that incredibly important focus on chronic disease management. We will see what the evaluations of that application show, but that is underway right now.

As I mentioned, it is so important because of the disease burden that is disproportionate in rural areas. We have about 29 services that are reimbursed through Medicare now for tele-health applications, tele-medicine applications, and we have the preponderance of States, through Medicaid and other programs, reimbursing for tele-medicine.

So it is a strategy that extends the reach of health care services, particularly into underserved areas. It is an area that the Secretary, in fact, has asked me to focus some of my attention on.

I would be happy to work with you, your staff, and other members of this committee.

Senator WYDEN. Very good. It is clear you want to play offense on tele-medicine, and I think that can be a key component of the bipartisan strategy we envision with respect to chronic care legislation.

One quick question for you, Mr. Eanes. As I mentioned in my opening remarks, we admire greatly your significant experience in the private sector, performing virtually every function in these private-sector enterprises.

As you know, there has been a question raised—and certainly, you have to say that it is reasonable to ask the question—about experience in public policy generally and Social Security in particular. I happen to think that it is hugely beneficial to have an outsider's perspective, somebody who can bring a fresh look at these issues, and you mentioned that, appropriately, in your opening statement.

Amplify a little bit for the committee how you feel your limited experience with Social Security could add significant value to the management of the program.

Mr. EANES. Thank you very much for that question, Senator Wyden.

As you have noted and I noted in my opening comments, I have worked in just about every function in an enterprise, whether it be strategy development, visioning, managing technology, developing technology, human capital, customer service, budget and finance, materials logistics, the policies of private enterprises, the policy-making function in dealing, for instance, with government interaction as well.

Policy may differ; the specific motive, certainly, in the private sector, was profit, but what I have found is that all these things I have mentioned—the strategy, technology, human capital, budgets, finance, logistics—all of those things are common to the challenges that exist in government as well.

Over my career, I have kind of boiled it down to basically three principal areas that you have to focus on: people, process, and systems. All things boil down to those irrespective of whether we are managing these things that I have mentioned in the private sector or in the public sector; all those things have to be managed.

I have spent 15 months now at the Social Security Administration, and I have found, remarkably, these challenges are the same as they are in the private sector. Again, the policy varies. I have enjoyed extraordinarily delving into and participating in, and even at times influencing, some of the policy discussions that go on at the agency.

But I think those experiences that I have had in the private sector in all of these areas will influence and help me to help guide this agency.

Senator WYDEN. Mr. Chairman, my time is up. I would just urge colleagues to support all four of our excellent nominees here today.

Thank you.

The CHAIRMAN. Thank you, Senator.

Senator Casey, we will turn to you next, I believe.

We will go to Senator Thune then. In fact, we had better go to Senator Thune first.

Senator THUNE. Sorry, Bob.

The CHAIRMAN. We will just go back and forth.

Senator THUNE. Thank you, Mr. Chairman. And thank you to all of you for your willingness to serve.

I wanted, Dr. Wakefield, to thank you. It is good to see you again. Thank you for the focus that you are putting on some of the IHS issues we had an opportunity to cover yesterday.

I have a question related to that, and it has to do with a response I received in October 2015 from Mr. McSwain at IHS regarding Medicare-like rate payments in the Purchased and Referred Care program.

Current law only requires hospitals participating in Medicare to accept these rates for services contracted by the Indian Health Service. In December of 2014, the administration released a rule-making to expand Medicare-like rates to all health care services contracted under the Purchased and Referred Care program.

In October, I was informed that a final rule will be forthcoming. I am wondering if you have any sense of when that final rule might be released.

Dr. WAKEFIELD. Thank you for the question, Senator Thune. I will have to get back to you on that, because I do not know, but I will be delighted to get information back to your staff.

Senator THUNE. Thank you. And if you could too, in doing that, share with me some of the feedback that IHS and HHS have received in response to that rule.

Dr. WAKEFIELD. I certainly will.

Senator THUNE. That is an issue that we think could make a difference in Indian country and with a lot of the IHS issues which we covered at great length yesterday.

The second question has to do with the amount of money that Congress appropriates to IHS that is spent on administrative overhead. One of the things that you perhaps have heard, as my staff and I have, is concerns the tribes have raised about the amount of money that goes into overhead, administrative costs, as opposed to what is actually reaching the ground and impacting health care.

So I am wondering if you have any idea about what that amount is percentage-wise.

Dr. WAKEFIELD. I am sorry that I do not have that information with me. I will be more than happy to get that for you.

We are going to be looking very closely, as we discussed yesterday, at the allocation of resources across IHS in response to some of the concerns that we heard. So, in fact, we will be working on that.

I will be happy to get the specific data to you, but that is an area that we are focused on.

Senator THUNE. I am interested, because the administration, in dealing with private insurance companies, has medical loss ratio requirements where you are not supposed to spend more than 15 percent to 20 percent on overhead, and 80 percent to 85 percent of

the dollars are supposed to reach beneficiaries in the form of medical benefits.

So I think it would be worthwhile taking a look at it, because, again, it is something that we hear quite often from the tribes: how much of this money actually reaches the areas out there that it is supposed to be serving.

So if you could enlighten us a little bit on that subject, it would certainly be most appreciated.

Dr. WAKEFIELD. I will be happy to do that. I am very focused on efficiency from local to national levels within the IHS, and the Secretary has asked me to devote some specific amount of my time to addressing some of the issues that we discussed yesterday.

So the efficient application of resources will be a primary focus for me, and I will be delighted to get information back to your staff.

Thank you for the question.

Senator THUNE. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator.

Senator Casey?

Senator CASEY. Thank you, Mr. Chairman.

I want to thank the panel for your public service and for being here today. I just have one, maybe two questions under one subject area for Deputy Secretary Wakefield. This is involving the recent legislation we passed at the end of the year involving complex rehab accessories. I just want to make sure I have this right in terms of my understanding.

First, despite the delay that was voted on—it was bipartisan—despite that delay to the cuts to complex rehab accessories for this year, 2016, CMS had already, I guess, reprogrammed the payment rates in the computer to reflect the cuts and that these reduced rates would be used to pay providers until at least July 1, 2016, almost as if the law had not passed. CMS could then reprogram the computer systems on July 1st.

Is that accurate, what I have said so far?

Dr. WAKEFIELD. I have talked with the staff about this particular issue, because I have been in touch with your staff about it as well.

The law passed December 28th, and the staff have informed me that they have some particular challenges in making those changes before July 1st, to your point. I do not have with me the set of challenges that they have that they are attempting to overcome in order to move that as quickly as possible, but the start time that you identify, July 1st, is what they are planning on right now based on the particular challenges that they have.

They did identify, very quickly, that there are some strategies that they may be able to use that will be more accommodating. This is a very important program, and we certainly appreciate your interest in it.

So we can certainly circle back and get to you those potential opportunities to make accommodations. The bottom line is, the full-on implementation is slated for July 1st.

Senator CASEY. I am hoping that that can be moved to April 1st pursuant to the law.

I think this is true in other circumstances. When Congress has done this in the past, CMS has been able to prioritize the revised updates and guarantee that providers are paid appropriately.

So I am asking for your commitment to work with CMS to ensure the change included in the April 1st update.

Dr. WAKEFIELD. I will certainly go back and have that conversation with them, express your concerns, and push in exactly that direction, and we will be delighted to come up and have our staff meet with your staff, if you wish, to have that happen as well, so that we can push that agenda forward together.

Senator CASEY. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. With that, we are so grateful to have all four of you willing to serve in the Federal Government and in these very, very important positions.

We will see what we can do to move these nominations along. But as far as I am concerned, you are all very well-qualified for these positions, and I intend to work for you and with you. So we hope we can get that done as soon as possible.

With that, we will recess until further notice.

[Whereupon, at 11:20 a.m., the hearing was concluded.]



## A P P E N D I X

### ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

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#### PREPARED STATEMENT OF ELIZABETH ANN COPELAND, NOMINATED TO BE A JUDGE OF THE UNITED STATES TAX COURT

Chairman Hatch, Ranking Member Wyden, and distinguished Members of the Committee, thank you for the privilege of appearing before you today as the President's nominee to serve as a Judge on the United States Tax Court. I am grateful to the President for his confidence in me and wish to thank the staff of this Committee, who have been generous with their time while working with me on my nomination.

I would not be here without the support of many throughout my life and my career. I would like to introduce my supportive husband, Brad Wilder, and son, Davis, who are here today. My two other children, Lexie and Preston, are in school in San Antonio but watching by livestream video. Also, here are my amazing mother, Josephine Copeland; my father, William Copeland; my stepmother, Barbara Copeland; and my best friend, Ruth Geisler. I also am honored to have in attendance a number of Judges from the United States Tax Court, who have been both friends and mentors throughout the years.

Early in my legal career, I had the opportunity to work as an Attorney Advisor at the United States Tax Court for the Honorable Mary Ann Cohen. I learned much under her direction. Upon leaving the employ of the Tax Court, I returned to my hometown of San Antonio, Texas to pursue a career in Tax law. I spent over two decades specializing in the area of tax controversy and litigation with the law firm Oppenheimer, Blend, Harrison and Tate, Inc., which later became Strasburger and Price, L.L.P. While practicing in Texas, I received a Board Certification in Tax Law by the Texas Board of Legal Specialization. I also was very active with the Section of Taxation of the American Bar Association and with the State Bar of Texas Tax Section, for which I served as Chair in 2013–2014.

As a member of the Texas State Bar, I recognized a need to assist unrepresented taxpayers—most of whom could not afford legal counsel—with the presentation of their cases in Tax Court. Working with the help of Chief Special Trial Judge, Peter Panuthos, and representatives from IRS Area Counsel, we established an all-volunteer pro bono assistance program to service all five cities in Texas in which the Tax Court holds calendars. It was one of my most treasured accomplishments, and the program is still thriving today. Working with that program and in my own practice, I have seen the key role that the Tax Court plays in shaping tax law. It is imperative for taxpayers to have their cases heard before an impartial party and for both taxpayers and government attorneys to be treated with respect. I believe my strong background in tax controversy work will provide me with the foundation to fairly and impartially resolve tax cases in accordance with Congressional intent. If confirmed, I would hope to maintain and enhance the public's confidence in the Tax Court as a neutral pre-payment forum for the resolution of tax disputes.

Thank you again, Chairman Hatch, Ranking Member Wyden, and other Members of this Committee, for your consideration. I would be happy to answer any questions you might have.

**SENATE FINANCE COMMITTEE**  
**STATEMENT OF INFORMATION REQUESTED**  
**OF NOMINEE**

**A. BIOGRAPHICAL INFORMATION**

1. Name (include any former names used): Elizabeth Ann Copeland, formerly: Elizabeth Ann Dawson; nicknames: Liz Copeland, Lizzy Copeland and, formerly, Liz Dawson
2. Position to which nominated: United States Tax Court
3. Date of nomination: May 4, 2015
4. Address (list current residence, office, and mailing addresses):
5. Date and place of birth: June 1, 1964, Colorado Springs, Colorado
6. Marital status (include maiden name of wife or husband's name):
7. Names and ages of children:
8. Education (list secondary and higher education institutions, dates attended, degree received, and date degree granted):
  - a. Lemont High School, September 1978–June 1979 (passed 9th grade, then moved from Illinois to Texas).
  - b. Alamo Heights High School, August 1979–May 1980 (passed 10th grade, then moved school districts).
  - c. Churchill High School, August 1980–May 1982, High School Diploma with Honors.
  - d. University of Texas at Austin, August 1982–May 1986, BBA Accounting with Honors.
  - e. University of Texas at Austin School of Law, August 1989–May 1992, JD.
  - f. Queen Mary and Westfield College (now Queen Mary University of London), Semester in London Program through the University of Texas at Austin School of Law, September 1991–December 1991.
9. Employment record (list all jobs held since college, including the title or description of job, name of employer, location of work, and dates of employment):
  - a. Ernst and Whinney (now Ernst and Young), Senior Accountant, San Antonio, Texas/worked as a CPA performing audits, June 1986–September 1987.
  - b. Ernst and Whinney (now Ernst and Young), Senior Accountant, Dallas, Texas I worked as a CPA performing audits, September 1987–July 1989.
  - c. Verner, Liipfert, Bernhard, McPherson and Hand, Chartered (now DLA Piper US, LLC), Summer Associate, Washington, DC/researched legal issues and wrote memoranda, June–July 1990.
  - d. Law, Snakard and Gambil, P.C., Summer Associate, Fort Worth, Texas/researched legal issues and wrote memoranda, July–August 1990.
  - e. Groce, Locke and Hebdon, Summer Associate, San Antonio, Texas/researched legal issues and wrote memoranda, June–July 1991.
  - f. Oppenheimer, Rosenberg, Kelleher and Wheatley, Inc., Summer Associate, San Antonio, Texas/researched tax, bankruptcy and other legal issues, wrote memoranda and developed a case law chart to help with another attorney's bankruptcy presentation, July–August 1991.
  - g. United States Tax Court, Attorney Advisor to Judge Mary Ann Cohen, Washington, DC/researched tax law for pending cases and assisted Judge Cohen in drafting opinions, August 1992–September 1993.
  - h. Oppenheimer, Blend, Harrison and Tate, Inc., Shareholder, San Antonio, Texas/researched tax law, tried tax cases, assisted taxpayers with various

matters before the Internal Revenue Service, assisted with foreign account disclosures, November 1993–April 2012.

- i. Our Lady of the Lake University, Adjunct Professor, San Antonio, Texas/taught undergraduate Business Law course, August 1996–May 1998.
- j. Strasburger and Price, LLP, Partner, San Antonio, Texas/researched tax law, filed petitions in the United States Tax Court and settled tax cases, assisted taxpayers with various matters before the Internal Revenue Service, assisted with foreign account disclosures, April 2012–Present.
- 10. Government experience (list any advisory, consultative, honorary, or other part-time service or positions with Federal, State or local governments, other than those listed above):
  - a. South Texas Internal Revenue Service Practitioners Council, San Antonio, Texas, September 2002–August 2005.
  - b. Texas State Board of Legal Specialization Tax Law Advisory Commission and Tax Law Exam Commission, Austin, Texas/evaluated questions for the Tax Law Board Certification Exam and graded papers for that exam. June 2010–June 2012.
- 11. Business relationships (list all positions held as an officer, director, trustee, partner, proprietor, agent, representative, or consultant of any corporation, company, firm, partnership, other business enterprise, or educational or other institution):
  - a. Oppenheimer, Blend, Harrison and Tate, Inc., Shareholder, San Antonio, Texas, January 2001–July 2014.
  - b. Strasburger and Price, LLP, Partner, San Antonio, Texas, April 2012–Present.
- 12. Memberships (list all memberships and offices held in professional, fraternal, scholarly, civic, business, charitable, and other organizations):
  - a. State Bar of Texas Tax Section, positions held:
    - i. Chair, June 2013–June 2014
    - ii. Chair-Elect, June 2012–June 2013
    - iii. Secretary, June 2011–June 2012
    - iv. Treasurer, June 2010–June 2011
    - v. Council Member, June 2004–June 2012
    - vi. Pro Bono Committee Chair, June 2007–June 2010
    - vii. Tax Controversy Committee:
      - 1. Chair, June 2002–June 2004
      - 2. Vice-Chair, June 2001–June 2002.
  - b. American Bar Association Section of Taxation, past positions held:
    - i. Member: June 1992–Present
    - ii. Appointments to the Tax Court Committee:
      - 1. Chair, May 2007–May, 2010
      - 2. Vice-Chair, July 2007–June 2009
      - 3. Member, July 2002–June 2013
    - iii. Pro Bono Committee, Vice Chair, July 2009–June 2011
    - iv. Pro Bono Award Committee, July 2014–Present
  - c. Bexar County Women's Bar Association and Foundation, past positions held: Vice-President, Treasurer, Board Member, June 1994–Present.
  - d. San Antonio Bar Association: Member, June 2004–Present.
  - e. San Antonio Bar Foundation: Member, June, 2015–Present.
  - f. American College of Tax Counsel: Member, July 2014–Present.
  - g. Texas Society of Certified Public Accountants: Member, June 1986–June 1987; June 1995–June 2013.

- h. San Antonio Chapter of the Texas Society of Certified Public Accountants: Member, June 1986–June 1987; June 1995–June 2013.
- i. Phi Chi Theta, University of Texas at Austin, President, August 1985–May 1986.
- j. Girl Scouts of America, past positions held:
  - i. Troop Leader, August 2006–May 2013
  - ii. Administrative Assistant, August 2011–May 2014
  - iii. Assistant Troop Leader, Approx. 1988–1989
- k. Travis Park United Methodist Church: Member, April 1996–Present. Past positions held:
  - i. Scholarship Committee Chair, January 2004–December 2005.
  - ii. Member of Finance Committee, January 2006–December 2006.
  - iii. Foundation Board Member, January 200–December 2005.
  - iv. Member of Staff-Parish Relations Committee, January 2007–December 2007.
- l. American Society of Women Accountants: Member, June 2007–June 2011.

13. Political affiliations and activities:

- a. List all public offices for which you have been a candidate.  
NONE.
- b. List all memberships and offices held in and services rendered to all political parties or election committees during the last 10 years.  
Phone Bank for the 2008 Election Campaign of Barak Obama.
- c. Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of \$50 or more for the past 10 years.

**Elizabeth Copeland  
Political Contributions**

Recipient	Date	Amount
<b>2008</b>		
Hillary Clinton for President	5/23/2008	\$50.00
DNC	8/13/2008	\$25.00
DNC	10/6/2008	\$100.00
Obama for America	10/13/2008	\$100.00
<b>2009</b>		
Hillary Clinton	1/24/2009	\$50.00
DNC	4/9/2009	\$50.00
Campaign to Elect Renee McElhaney	6/24/2009	\$100.00
DNC (Reforming Health Care)	10/1/2009	\$100.00
Polly Jackson Spencer Campaign	10/1/2009	\$100.00
Texans for Kay Bailey Hutchison	11/2/2009	\$200.00
Peter Sakai	11/11/2009	\$25.00
<b>2010</b>		
Campaign to Elect Renee McElhaney	2/28/2010	\$50.00
Cathy Stryker	5/2/2010	\$100.00
DNC (Barack Obama B-Day)	7/19/2010	\$100.00
Marialyn Barnard	8/16/2010	\$25.00
DNC (November Elections)	8/24/2010	\$50.00
<b>2012</b>		
Obama for America	1/22/2012	\$50.00
DNC	4/6/2012	\$50.00
Texas Democratic Party	4/6/2012	\$50.00
Obama for America	4/6/2012	\$50.00
Obama Victory Fund	10/16/2012	\$147.00

**Elizabeth Copeland**  
**Political Contributions—Continued**

Recipient	Date	Amount
<b>2012</b>		
Obama Victory Fund 2012	10/30/2012	\$112.00
<b>2013</b>		
DNC	2/15/2013	\$100.00
Major Julian Castro Campaign	2/21/2013	\$100.00
DNC	4/15/2013	\$50.00
DNC	6/5/2013	\$100.00
State Party Victory Fund	5/20/2013	\$50.00
Texas Democratic Party	5/20/2013	\$50.00
DNC Onlinedemocrats.org	10/16/2013	\$10.00
DNC Onlinedemocrats.org	11/11/2013	\$35.00
Democratic Party (online)	11/26/2013	\$10.00
<b>2014</b>		
Patricia Rouse Vargas	2/6/2014	\$100.00
DNC	2/17/2014	\$25.00
DNC	3/9/2014	\$10.00
DNC	3/31/2014	\$15.00
DNC	4/9/2014	\$10.00
DNC	5/4/2014	\$55.00
Renee McElhaney for Judge	6/19/2014	\$100.00
DSCC (Act Blue)	6/30/2014	\$17.00
Act Blue DSCC	7/30/2014	\$25.00
DNC	9/30/2014	\$50.00
DNC	10/8/2014	\$50.00
Democratic Senatorial Campaign Committee	9/30/2014	\$25.00
Pete Gallego	10/10/2014	\$35.00
<b>2015</b>		
DNC Membership	4/7/2015	\$75.00

14. Honors and Awards (list all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievement):
  - a. Recognized by taxanalysts® Tax Notes, January 2013, as one of the 2012 Tax Persons of the Year (top 10);
  - b. Belva Lockwood Outstanding Lawyer, Bexar County Women's Bar Association, 2010;
  - c. Janet Spragens Pro Bono Award, American Bar Association, Section of Taxation, 2009;
  - d. Balance Award, American Society of Women Accountants, 2007;
  - e. Belva Lockwood Outstanding Young Lawyer, Bexar County Women's Bar Association, 1998;
  - f. Fulbright and Jaworski Outstanding Second Year Law Student, 1991;
  - g. University of Texas at Austin Mccombs School of Business, Outstanding Student, 1986;
  - h. Recognized as the Best Tax Lawyer in San Antonio, 2011 Awarded by *Best Tax Lawyers in America*; listed in Best Lawyers 2006–present;
  - i. Recognized as a San Antonio Super Lawyer by *Thompson Reuters* 2003–present;
  - j. Recognized as one of San Antonio's Best Tax Law Attorneys by *S.A. Scene Magazine* 2004–present.
15. Published writings (list the titles, publishers, and dates of all books, articles, reports, or other published materials you have written):
  - a. An Update on Innocent Spouse Claims, Texas Tax Lawyer, Spring 2013.

16. Speeches (list all formal speeches you have delivered during the past five years which are on topics relevant to the position for which you have been nominated; provide the Committee with two copies of each formal speech):

**Elizabeth Copeland**  
**Five Year Speech Chart**

			Tab
<b>2009 Speeches</b>			
August 27, 2009	Bankruptcy v. Installment Agreements v. Offers in Compromise	SBOT Section of Taxation, Advanced Tax Law Course	1
September 26, 2009	Representing Pro Se Taxpayers at Tax Court Calendar Call	ABA Section of Taxation	2
November 6, 2009	Life after UBS: Defending against the Internal Revenue Service's Efforts to Find and Prosecute those with Undisclosed Foreign Bank and Financial Accounts	Federal Bar Association	3
<b>2010 Speeches</b>			
January 23, 2010	Update on Pro Bono Tax Court Programs	ABA Section of Taxation	4
February 11, 2010	What Happens in Vegas Doesn't Necessarily Stay in Vegas: Real-World Tax Strategies for "Sin City" Situations	San Antonio Chapter of TSCPA	5
May 8, 2010	Offshore Voluntary Compliance Update—Criminal to Civil and Done!	ABA Section of Taxation May Meeting	6
August 27, 2010	FBAR Voluntary Disclosure Initiative—The Morning After, What's Next	SBOT Section of Taxation, Advanced Tax Law Course	7
October 26, 2010	Honey! You Shrunk our Assets! A Discussion of Tax Issues in Divorce	Rio Grande Chapter TSCPA	8
November 15, 2010	Honey! You Shrunk our Assets! A Discussion of Tax Issues in Divorce	TSCPA (Richardson, TX)	8
November 16, 2010	Honey! You Shrunk our Assets! A Discussion of Tax Issues in Divorce	TSCPA (San Antonio, TX)	8
<b>2011 Speeches</b>			
May 24, 2011	Federal Tax Legislative Update	San Antonio Chapter of TSCPA	9
June 14, 2011	Uncle Sam Wants You! . . . or Your Foreign Account	San Antonio Chapter of TSCPA	10
June 16, 2011	Innocent Spouse Update	Tax Alliance Conference	8
June 24, 2011	Offshore Financial Account Reporting: Risks and Penalties for Non-Compliance and Other International Enforcement Initiatives	SBOT Section of Taxation, Annual Meeting	11
August 17, 2011	An Update on Innocent Spouse Claim	SBOT Tax Law 101 Conference	12
August 18, 2011	Criminal Tax: What's Next on the FBAR Front?	SBOT Section of Taxation, Advanced Tax Law Course	13
October 28, 2011	Honey! You Shrunk Our Assets! A Discussion of Tax Issues in Divorce	RGV Society of CPAs, Expo in South Padre Island	14

**Elizabeth Copeland**  
**Five Year Speech Chart—Continued**

			Tab
2011 Speeches			
December 16, 2011	Innocent Spouse Update	Texas Society of Enrolled Agents	12
2012 Speeches			
June 12, 2012	Preparing Form 8857, Preparing a Protest, Defending an Innocent Spouse at the IRS Office of Appeals, then Mock Trial—Innocent Spouse Case	Tax Alliance Conference Boot Camp	15
August 7, 2012	FATCA: The U.S. Attempt to Take on the World: Understanding Form 8938, FATCA and Other Foreign Account Disclosure Issues	San Antonio CPA Chapter—Speaker Series	16
August 23, 2012	FATCA: The U.S. Attempt to Take on the World: Understanding Form 8938, FATCA and Other Foreign Account Disclosure Issues	Rio Grande Valley Chapter of CPAs	16
September 17, 2012	How to Handle the Most Common IRS Disputes (Independent Contractor vs. Employee, Trust Fund Recovery Penalty, Innocent Spouse, Substantiation and Reporting Foreign Assets)	Strasburger and Price, LLP 2012 Tax Symposium (Dallas)	17
September 19, 2012	How to Handle the Most Common IRS Disputes (Independent Contractor vs. Employee, Trust Fund Recovery Penalty, Innocent Spouse, Substantiation and Reporting Foreign Assets)	Strasburger and Price, LLP 2012 Tax Symposium (San Antonio)	17
November 9, 2012	Tax Issues in Divorce	Austin Chapter of the Texas Society of Certified Public Accountants	18
2013 Speeches			
May 30, 2013	How to Handle the Most Common IRS Disputes (Independent Contractor vs. Employee, Trust Fund Recovery Penalty, Innocent Spouse, Substantiation and Reporting Foreign Assets)	San Antonio Chapter of the TSCPA	17
June 13, 2013	Community Property Laws and Tax Issues	Tax Alliance Conference	19
August 1, 2013	PLANNING FOR THE MODERN FAMILY: How to Advise Clients Now That the U.S. Supreme Court has Struck Down DOMA	San Antonio Chapter of the TSCPA	20
August 6, 2013	PLANNING FOR THE MODERN FAMILY: How to Advise Clients Now That the U.S. Supreme Court has Struck Down DOMA	BCWB Luncheon (San Antonio)	21
August 13, 2013	Honey! You Shrunk Our Assets! A Discussion of Tax Issues in Divorce	Amarillo Chapter of TSCPA	18
August 14, 2013	Community Property and Tax Issues	Tax Law 101 Texas Bar CLE (Houston)	22
August 16, 2013	Hot Issues Under Circular 230: A Dialogue with the Director	Advanced Tax Law Course (Houston)	23
August 26–27, 2013	Handling IRS Appeals and Other Tax Controversies	Strasburger and Price 2013 Annual Tax Symposium	24
September 27, 2013	A War of the Roses—A Discussion of Tax Issues in Divorce	San Antonio Chapter of the TSCPA	25

**Elizabeth Copeland**  
**Five Year Speech Chart—Continued**

			Tab
<b>2013 Speeches</b>			
October 17, 2013	Administrative Collection Procedures: Collection Due Process, Offers in Compromise and Installment Agreements and Section 6672 Penalty Matters	ALI/CLE Handling a Tax Controversy: Audits, Appeals, Litigation and Collections	26
November 18, 2013	It's a Small World After All—Understanding FATCA and the IRS's Offshore Voluntary Disclosure Program	2013 Austin CPA Chapter Annual Tax Conference	27
<b>2014 Speeches</b>			
January 25, 2014	Opting Out of the IRS Voluntary Disclosure Program and Other Important Developments	ABA Section of Taxation, Midyear Meeting, Phoenix, AZ	28
February 21, 2014	Current Issues in Estate Planning: Portability and DOMA	Docket Call in Probate Court Seminar Sponsored by the San Antonio Estate Planners Council	29
March 5, 2014	Interest Charge Domestic International Sales Corporations (IC-DISC)	Strasburger and Price, LLP Tax Section	30
May 13, 2014	Attention U.S. Manufacturers and Exporters—You are Paying Too Much U.S. Tax	San Antonio Chapter of the TSCPA	31
June 11, 2014	Planning for the Modern Family—Advising Clients after the Repeal of DOMA	Tax Alliance Conference, Plano Texas	32
July 22, 2014	Don't get an "F": Learn the Latest on FATCA and FBAR Compliance	ADKF, San Antonio, Texas	33
August 15, 2014	Don't get an "F": Learn the Latest on FATCA and FBAR Compliance	SACPA Continuing Education Foundation, Inc.	33
August 25, 2014	Current Developments in Civil and Criminal Controversies	2014 Strasburger and Price Symposium/Dallas	34

17. Qualifications (state what, in your opinion, qualifies you to serve in the position to which you have been nominated):

- a. I have been practicing tax law in the tax controversy area for over 20 years. I have tried many cases in the United States Tax Court and settled many more over the years. I regularly speak to CPA and attorney groups on tax law topics. Most importantly, I was instrumental in developing the Tax Court Pro Bono Program for the State Bar of Texas Tax Section that assists low income taxpayers throughout the State of Texas with their cases in front of the United States Tax Court. Because an extremely large percentage of cases that come before the United States Tax Court involve *pro se* litigants, my work and experience with that program will be a valuable resource for understanding how to deal with such persons in the courtroom.

**B. FUTURE EMPLOYMENT RELATIONSHIPS**

1. Will you sever all connections with your present employers, business firms, associations, or organizations if you are confirmed by the Senate? If not, provide details.  
 Yes.
2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government? If so, provide details.

No.

3. Has any person or entity made a commitment or agreement to employ your services in any capacity after you leave government service? If so, provide details.

No.

4. If you are confirmed by the Senate, do you expect to serve out your full term or until the next Presidential election, whichever is applicable? If not, explain.

Yes.

**C. POTENTIAL CONFLICTS OF INTEREST**

1. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Administrative Office of the U.S. Courts (AOUSC) to prepare and file a financial disclosure report in compliance with the Ethics in Government Act of 1978. The AOUSC Committee on Financial Disclosure has confirmed that my report, which has been provided to the Committee, is in compliance with applicable laws and regulations.

I am not aware of any potential conflicts of interest. Should any matter arise that involved an actual or potential conflict of interest, I would handle it by careful and diligent application of the Code of Conduct for United States Judges as well as other relevant canons and statutory provisions; and I would consult with the appropriate ethics officials in the AOUSC, as applicable.

2. Describe any business relationship, dealing or financial transaction which you have had during the last 10 years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

a. Please note that the Tax Court hears cases all over the country. I would unlikely be assigned to administer the Tax Court calendar for my home city of San Antonio, which would eliminate almost all appearances of conflict of interest.

b. As a partner in Strasburger and Price, LLP, I could perceive a potential conflict if one of the attorneys from that firm were to appear in my courtroom. I would offer to recuse myself from that litigation, should that occur.

c. If Valero Energy Corporation ("Valero") were a litigant in my courtroom, I would also likely need to recuse myself, because they were a large client in the past; however, I am not aware of any Tax Court case pending for Valero.

d. I am listed as one of the attorneys for the following Tax Court cases that would require me to withdraw as counsel and subsequently recuse myself from the litigation or any Tax Court deliberations: Patricia Frazier, Charlene Tatum Danielson, Malcolm Chesnutt, Belinda Padilla, and Carlos de la Garza and Janice de la Garza.

3. Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal Government need not be listed.

a. As Chair of the State Bar of Texas Tax Section, I submitted the following comment projects on behalf of the Tax Section (copies attached):

i. Comments on the Material Advisor Penalty Regulations (9/19/13);

ii. Comments on the Innocent Spouse Relief Regulations (1/7/14);

iii. Comments on Proposed Section 1411 Department of Treasury Regulations (2/20/14);

iv. Comments on the Proposed Treasury Regulations regarding "Excepted Benefits" for Purposes of the Affordable Care Act (2/24/14);

v. Comments on the Proposed Regulations covering Section 706 QDOT Elections (3/19/14);

vi. Comments on Proposed New Texas Comptroller of Public Accounts Rule 3.11 regarding Settlements on Redetermination (4/4/14);

- vii. Comments on Proposed Treasury Regulations covering Section 1.704–3 (5/5/14);
- viii. Comments on Proposed Regulations Regarding Disguised Sales and the Allocation of Liabilities (6/20/14);
- ix. Comments on Internal Revenue Notice 2014–5, Discrimination Testing Standards Applicable to Softly Frozen Defined Benefit Pension Plans (6/25/14);
- x. Comments on Circular 230’s Prohibition against Contingent Legal Fees (6/26/14);
- xi. Comments Regarding Proposed Amendments to the Rules of the United States Tax Court (2/27/12);
- xii. Comments Regarding Privacy Protection for Filings Made with the Court (2/2/06); and
- xiii. Comments Concerning the Proposed Amendments to Rules 1, 182(e), 183, 200, and 202 of the United States Tax Court Rules of Practice and Procedure (9/6/05).

4. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items. (Provide the Committee with two copies of any trust or other agreements.)

If confirmed, I will carefully review any potential conflicts by reference to 28 U.S.C. § 455, Canon 3 of the Code of Conduct for United States Judges, and any and all other laws, rules and practices governing such circumstances. I will also consult, as applicable, with the appropriate ethics officials in the AOUSC.

5. Copies of Opinions—Two copies of written opinions should be provided directly to the Committee by the designated agency ethics officer of the agency to which you have been nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position.

6. The following information is to be provided only by nominees to the positions of United States Trade Representative and Deputy United States Trade Representative:

Have you ever represented, advised, or otherwise aided a foreign government or a foreign political organization with respect to any international trade matter? If so, provide the name of the foreign entity, a description of the work performed (including any work you supervised), the time frame of the work (e.g., March to December 1995), and the number of hours spent on the representation.

Not applicable.

**D. LEGAL AND OTHER MATTERS**

1. Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, provide details.

No.

2. Have you ever been investigated, arrested, charged, or held by any Federal, State, or other law enforcement authority for a violation of any Federal, State, county or municipal law, regulation, or ordinance, other than a minor traffic offense? If so, provide detail.

No.

3. Have you ever been involved as a party in interest in any administrative agency proceeding or civil litigation? If so, provide details.

No.

4. Have you ever been convicted (including pleas of guilty or *nolo contendere*) of any criminal violation other than a minor traffic offense? If so, provide details.

No.

5. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

**E. TESTIFYING BEFORE CONGRESS**

1. If you are confirmed by the Senate, are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?  
Yes.
2. If you are confirmed by the Senate, are you willing to provide such information as is requested by such committees?  
Yes.

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**QUESTIONS SUBMITTED FOR THE RECORD TO ELIZABETH ANN COPELAND**

**QUESTION SUBMITTED BY HON. ORRIN G. HATCH**

*Question.* If confirmed, as a Tax Court judge you will preside over many cases that involve unsophisticated taxpayers with few resources to deploy while making their cases.

What lessons do you take from your prior professional experiences to ensure that you treat these taxpayers with respect and understanding while stopping short of awarding them an advantage?

Answer. Over the years in my practice as a tax controversy specialist, I encountered clients who took positions on their tax returns not supported by the Internal Revenue Code. Always treating them with respect, I explained the law, counseled them to concede such issues, and assisted them with alternative resolutions to their tax problems, such as payment plans. As a Tax Court judge, I would apply the same approach, listening to the taxpayers' views and explanations for their tax return positions, but, ultimately, I would apply the law as written to their set of facts.

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**QUESTIONS SUBMITTED BY HON. DEAN HELLER**

*Question.* I believe the Tax Court is the backbone of enforcing the federal tax code.

In order to advocate for the nation's tax cases, what qualifications best serve you for this position?

Answer. I have spent the last twenty-three years practicing tax law as a tax controversy specialist. I received my Board Certification in Tax Law by the Texas Board of Legal Specialization in 2002. I am a Certified Public Accountant (CPA). I have litigated cases in the United States Tax Court and have made sure that unrepresented taxpayers in the State of Texas has access to free legal representation through the State Bar of Texas Tax Section's Tax Court Pro Bono Program, a program I was instrumental in establishing. I also served as Chair of the State Bar of Texas Tax Section. I have been active with the American Bar Association's Section of Taxation, including serving in leadership roles for that organization.

I have been recognized as a tax specialist by *Best Lawyers in America*, *Super Lawyers*, and *SA Scene Magazine*'s San Antonio Best Attorneys publication. In January of 2013, *Tax Notes*® named me as one of the "Top 10 Tax Attorneys of the Year." Over the years, I have helped hundreds of taxpayers to understand their federal tax issues, in the context of the Internal Revenue Code, and resolve disputes with the IRS. If confirmed, I have the acumen and demeanor to make an outstanding judge.

*Question.* Like many Nevadans, I am a strong supporter of providing fairness and simplicity to taxpayers and businesses. As you may know, this committee is dedicated to overhauling the tax code. Under the leadership and dedication of Chairman Hatch, the committee has held many tax reform hearings, including one last year on simplification, and many lawmakers' proposals have discussed the importance of a simpler tax code. I understand that many small businesses and individuals are burdened by the confusing tax code. A 2001 GAO study showed that approximately 510,000 individual taxpayers chose not to itemize, even though they could. When taxpayers are faced with complex and lengthy calculations, individual taxpayers

may choose to skip the calculation and forgo tax benefits intended for them, but 510,000 taxpayers is a disgrace.

What advice would you give tax writers to reduce the type of controversies that come before the Tax Court?

Answer. I commend the Senate Finance Committee for its work on the critical goal of tax simplification. I share the Committee's concern that taxpayers are faced with a complex and confusing tax code, which leads to an increased work load in the United States Tax Court. In my practice, I have often found that certain provisions of the Code have important goals with unintended consequences. A prime example is the multiple penalties that can impact a small business taxpayer who gets behind on taxes during an economic downturn. I suggest that the Committee consider focusing on the cascading and duplicative penalties faced by small business owners. While penalties serve an important goal of deterring tax non-compliance, multiple penalties can have the unintended consequence of putting a small taxpayer out of business.

*Question.* As you know, many of us are proud of the PATH Act, which passed at the end of last year, and provided certainty to millions of small businesses and individual taxpayers. Many Nevadans are now on a level playing with other states because of the permanent state and local sales tax deduction. As you are likely aware, a number of provisions were included which directly impacted the Tax Court.

Specifically, what are your perspectives on the changes implemented for interest abatement cases if the IRS has failed to issue a final determination?

Follow-up: What are your views on the expansion of the number of small tax cases the Tax Court could consider?

Answer. I commend the Congress on its work on the PATH Act, as many of its provisions bring increased certainty and stability to the Tax Code. I think the expansion of the Tax Court's jurisdiction over interest abatement cases will serve taxpayers well. The PATH Act will likely lead to an increase in cases in the Tax Court on that particular issue, but I think such cases easily could be tried and resolved by the Tax Court.

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QUESTIONS SUBMITTED BY HON. MARIA CANTWELL

*Question.* Confirmed Judges to the United States Tax Court are responsible for resolving many complex and difficult tax controversies brought before them. I am sure any business owner would agree that while they would prefer to stay out of tax court all together, if they do end up in a dispute, receiving a timely resolution to their case is essential to the planning and certainty required to run a business.

Unfortunately, I am aware of at least one Washington state business that has seen its case drag on over nine years since their trial in the tax court. This is an unprecedented and unacceptable delay, and this business needs a resolution to this matter, or at the very least, any update on its status.

As Judge for the U.S. Tax Court, how can one ensure that cases are being adjudicated in both a fair and timely manner? Do you see obstacles standing in the way of your ability to render decisions in a timely manner for taxpayers?

Answer. In private practice, I balance many cases and professional commitments and make it a priority to meet deadlines. I will carry my strong work ethic with me to the Tax Court. While I do not know the details of your constituent's case, nine years is an exceedingly long time for resolution. I will strive to have opinions written shortly after hearing the evidence presented during trials and receiving the parties' briefs and reply briefs. I do not see any obstacles standing in the way of my ability to render fair and timely opinions.

*Question.* On December 18, 2015, President Obama signed into law the Protecting Americans from Tax Hikes Act, also referred to as the PATH Act. In addition to its many tax extension provisions, it also makes a couple changes within the United States Tax Court Administration. Section 431, Judicial conduct and disability procedures, authorizes the Tax Court to establish procedures for the filing of complaints with respect to the conduct of any judge or special trial judge of the Tax Court and for investigation and resolution of such complaints.

Do you see the establishing of a judicial council to review complaints of conduct by judges as a welcome addition to the U.S. Tax Court Administration?

Answer. Yes. The public must have confidence that the judges of the United States Tax Court treat taxpayers, and IRS counsel, fairly and with respect. The public should have a mechanism to lodge a complaint if a judge is not conducting himself or herself in accordance with the Code for United States Judges or the Ethics in Government Act of 1978.

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QUESTION SUBMITTED BY HON. BILL NELSON

*Question.* Please explain your general philosophy about the role of the tax system in society and how you think you could make the system work better as a judge in Tax Court?

Answer. I believe the role of the tax system is to provide funds for our government to operate, and for those funds to be collected from the populace in a fair and impartial manner. As a judge in Tax Court, I would strive to fairly interpret and apply the Internal Revenue Code to the facts as presented by the parties before the Court. I would make the system work better by timely issuing opinions to the parties who appear before me. In a very large percentage of cases heard before the United States Tax Court, the parties are unrepresented. In private practice, I have helped such taxpayers in Texas get free representation through a program I was instrumental in creating, the State Bar of Texas Tax Section's Tax Court Pro Bono Program. Working with that program, I have come to understand the level of patience and respect that must be shown by the Tax Court to all parties appearing before the Court, represented or not. I feel I have the foundation and demeanor to fairly and impartially resolve tax cases in accordance with Congressional intent.

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PREPARED STATEMENT OF ANDREW LAMONT EANES, NOMINATED TO BE  
DEPUTY COMMISSIONER, SOCIAL SECURITY ADMINISTRATION

Mr. Chairman, Ranking Member Wyden, and Members of the Committee, thank you for scheduling this hearing. It is an honor to be here today as President Obama's nominee for Deputy Commissioner of the Social Security Administration.

I grew up in the Midwest—in Ohio. I received my undergraduate degree in political science from Ohio Northern University and an M.B.A. from Baldwin Wallace College. I also completed marketing and management programs at Duke University, the University of Kansas, and Columbia University. I have spent the past 25 years of my career in the private sector and have performed nearly every function in an enterprise. My career path has led me to experiences and places beyond Ohio's borders, including Kansas, Missouri, Florida, Massachusetts, Maryland—even to Europe, Asia, and Australia.

Prior to joining the Social Security Administration, I served in progressively responsible roles, including Vice President Consumer and Business Markets (1995–1999), Vice President Human Resources (1999–2000), General Manager (2000–2003), Executive Vice President Technology/Service Operations (2004–2006), and Chief Operating Officer (2006–2012). I also co-founded two small businesses. I have demonstrated managerial expertise in finance and operational roles, focusing on improving workforce efficiency and productivity through strategic planning and technology adoption.

I am now at a point where I believe that my experience, dedication and ingenuity can be an asset to the public sector.

For the past 14 months, I have served as a Senior Advisor to the Acting Commissioner of Social Security, Carolyn Colvin. Acting Commissioner Colvin asked me to lead efforts in succession planning, online 1099 replacement, standing up a program management office, better prioritizing information technology projects, addressing improper payments and improving telecommunications. I have worked side by side with the dedicated employees of SSA. Every day, I am impressed by their tireless efforts and determination to serve the American public with care and compassion.

The amount of change and progress the world has witnessed in technology in the last few decades—even in the last 10 years—is staggering. If Social Security is to meet service expectations for generations to come, the Agency will have to be inventive, bold, and thoughtful in new ways. I truly hope to be able to contribute to SSA—by building upon its successes of the past with innovative strategies of the future. This is the lesson I took from my private sector experience, and what will

guide my work at SSA: no matter how good we are today, we can be better tomorrow.

I have applied this simple philosophy to every job I have held in finance and budgeting, service delivery, strategy development, human resources, and other areas. No matter the job, I believe that we can always work to do it more efficiently and effectively.

This opportunity with the Social Security Administration would be a great professional honor, as SSA's mission is indeed closely aligned with my personal goals. I hope to pair my career experience with my passion for serving the underprivileged and vulnerable children in our communities. I have previously served on community and civic organizations, including the United Way; the Parent-Child Home program for early literacy and school readiness; the Ozanam Home for at-risk youth; The Love Fund for Children; and, Life Concepts Inc. helping people with disabilities achieve their goals. My efforts in these areas have only enhanced my awareness that service to our fellow citizens—especially those in need—is perhaps the greatest good we can accomplish.

The Social Security Administration provides an amazing opportunity to make a difference. The programs the Agency administers provide benefits to about one-fifth of the American population providing financial protection in retirement or in the event of a serious disability for those who have paid into the program and earned their benefits.

The Agency is rethinking the way it conducts its business. It is developing innovative ways to meet the increasing workload demands and provide customer-driven options for service delivery by providing more choice. These upgrades are important and necessary. At the same time, SSA must prepare for the anticipated wave of retirement at all levels within the Agency, while addressing its aging IT infrastructure. These are opportunities that could benefit from an outsider's perspective.

I believe my philosophy of continuous improvement would pair well with the Agency's "can-do" spirit. If confirmed, I will work to leverage my private sector experience. I will strive to help the Agency in its work to adopt new technology, not just for technology's sake, but in ways that will have real and measurable effects on the agency's operations and for the American taxpayer.

I will do my part to help the Agency face its challenges and support the open government principles of transparency, participation, and collaboration.

As the President recently said, Social Security is now more important than ever. If confirmed, I will bring the full measure of my business experience toward the continued success of this enduring promise. I want the American people to be confident that those receiving benefits have earned them by paying into the system and that their Social Security system is administered effectively and efficiently. Finally, I would like Americans to be confident that Social Security will be there for all of us, today, tomorrow and into the future.

Thank you. I am happy to answer any questions you may have.

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**SENATE FINANCE COMMITTEE**  
**STATEMENT OF INFORMATION REQUESTED**  
**OF NOMINEE**

**A. BIOGRAPHICAL INFORMATION**

1. Name (include any former names used): Andrew LaMont Eanes.
2. Position to which nominated: Deputy Commissioner Social Security Administration.
3. Date of nomination: February 26, 2015.
4. Address (list current residence, office, and mailing addresses):
5. Date and place of birth: Cleveland, Ohio on February 25, 1957.
6. Marital status (include maiden name of wife or husband's name):

7. Names and ages of children:

8. Education (list secondary and higher education institutions, dates attended, degree received, and date degree granted):

I attended Shaw High School in East Cleveland, Ohio from 1972 through 1975 when I received my high school diploma.

I attended Ohio Northern University in Ada, Ohio from 1975 through 1979 when I received my Bachelor of Political Science degree.

I attended Baldwin Wallace College in Berea, Ohio, between 1983 and June 1985. I graduated in 1992 with a Master of Business Administration degree.

I attended Rockhurst College in Kansas City, Missouri between 1990 and 1992, after which I transferred back to Baldwin Wallace College.

9. Employment record (list all jobs held since college, including the title or description of job, name of employer, location of work, and dates of employment):

a. Senior Advisor to Commissioner Social Security, Woodlawn, Maryland 21235, October 27, 2014–present,

b. President, Agile Solutions Inc., Overland Park, Kansas 66210, November 2011–October 27, 2014.

c. Vice President, Agile Government Services Inc., Overland Park, Kansas 66210, August 2012–October 27, 2014.

d. Chief Operating Officer, Dynis LLC, Columbia, Maryland, January 2011–July 2012.

e. Chief Operations Officer, BT Conferencing, Braintree, Massachusetts 02184, 2006–2010.

f. Executive Vice President Service Operations, Premiere Conferencing Lenexa, Kansas, 2004–2006.

g. President and CEO, ADE Management LLC, Overland Park, Kansas, 2003.

h. Vice President/General Manager Network Services, Sprint PCS, Overland Park, Kansas, 2000–2003.

i. Vice President Human Resources, Sprint PCS, Overland Park, Kansas, 1999–2000.

j. Vice President Business Markets, Local Telephone Division, Sprint PCS, Overland Park, Kansas, 1998–1999.

k. Vice President Consumer Markets, Sprint National Integrated Services, Overland Park, Kansas 1997–1998.

l. Vice President Consumer Markets, Local Telecom Division (LTD), Westwood, Kansas, 1995–1997.

m. Vice President and General Manager, Sprint North Supply, Gardner, Kansas 1994–1995.

n. Vice President and General Manager, Sprint/United Telephone, Altamonte Springs, Florida, 1992–1994.

o. Director Network Facilities Operations, Sprint United Management Co., Westwood, Kansas, 1989–1992.

p. Staff Director, United Telephone Company Missouri/Arkansas Division, Jefferson City, Missouri, 1988–1989.

q. Network Construction Budget Manager, United Telephone System, Overland Park, Kansas, 1986–1988.

r. Midwest Group Information Systems Manager, United Telephone System, Overland Park, Kansas, 1985–1986.

s. Service Manager, AT&T Information Systems, Cleveland, Ohio, 1983–1985.

t. Assistant Manager, Ohio Bell Telephone Company, Cleveland, Ohio, 1982.

u. Assistant Manager, Budgets and Results, Ohio Bell Telephone Company, Cleveland, Ohio, 1980–1981.

v. Legislative Assistant, Ohio Senate, Columbus, Ohio (1979).

w. Mayoral Campaign Coordinator, Cleveland, Ohio, 1978–1979.

10. Government experience (list any advisory, consultative, honorary, or other part-time service or positions with Federal, State or local governments, other than those listed above):  
None.

11. Business relationships (list all positions held as an officer, director, trustee, partner, proprietor, agent, representative, or consultant of any corporation, company, firm, partnership, other business enterprise, or educational or other institution):  
Current Memberships:  
a. Vice President, Agile Government Services, Inc., Overland Park, KS.  
b. President, Agile Solutions, Inc., Overland Park, KS.  
Past Memberships:  
a. Member, Board of Directors, American Skyline Insurance, Baltimore, MD.  
b. Member, National Board of Directors, Parent Child Home Program.

12. Memberships (list all memberships and offices held in professional, fraternal, scholarly, civic, business, charitable, and other organizations):  
Current Memberships:  
a. Ozanam Home member, Board of Directors, Kansas City, KS.  
Former Board Memberships:  
a. Ozanam Boys Home, past Chairman of Board of Directors, Kansas City, KS.  
b. Life Concepts, Inc., past member, Board of Directors.  
c. United Way of Lake County, past member, Board of Directors.  
d. Orlando Area Sport Commission, past member, Orlando, FL.  
e. Orange County Education Foundation, past member.  
f. WDAF Love Fund for Children, past member, Board of Directors.  
g. Rotary International, Cleveland, OH.  
h. Parent Child Home Program, member, National Board of Directors.

13. Political affiliations and activities:  
a. List all public offices for which you have been a candidate.  
East Cleveland Board of Education, 1983.  
b. List all memberships and offices held in and services rendered to all political parties or election committees during the last 10 years.  
None.  
c. Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of \$50 or more for the past 10 years.

I have contributed to various campaigns and PACs. All these were via credit card in response to telemarketing campaigns or internet campaigns. Below is a list of the contributions for which I was able to obtain records.

Organization	Amount	Date
a. Obama for America	\$50.00	August 21, 2012
b. Democratic Congressional Campaign	\$50.00	November 6, 2012
c. Democratic National Committee	\$56.00	January 7, 2013
d. Democratic Senatorial Campaign	\$52.13	February 19, 2013
e. Democratic National Committee	\$56.00	February 20, 2013
f. Democratic National Committee	\$56.00	February 20, 2013
g. Democratic National Committee	\$56.00	April 20, 2013
h. Democratic National Committee	\$56.00	May 20, 2013

Organization	Amount	Date
i. Democratic National Committee	\$56.00	June 20, 2013
j. Democratic National Committee	\$56.00	July 20, 2013
k. Democratic National Committee	\$56.00	August 20, 2013
l. Democratic National Committee	\$56.00	September 20, 2013
m. Democratic National Committee	\$56.00	October 20, 2013
n. Democratic National Committee	\$56.00	November 20, 2013
o. Democratic National Committee	\$56.00	December 2, 2013
p. Democratic National Committee	\$56.00	January 2, 2014
q. Democratic National Committee	\$56.00	February 20, 2014
r. Democratic National Committee	\$56.00	March 20, 2014
s. Democratic National Committee	\$56.00	April 20, 2013
t. Democratic National Committee	\$56.00	May 20, 2014
u. Al Franken for Senate	\$50.00	June 2, 2014
v. Democratic National Committee	\$56.00	June 20, 2014
w. Clinton Global Initiative	\$500.00	January 19, 2010
x. Obama for America	\$50.00	March 16, 2012
y. Dem. Sen. Campaign	\$100.00	September 20, 2012
z. Obama for America	\$100.00	October 13, 2012
aa. Obama for America	\$56.00	November 1, 2012

14. Honors and Awards (list all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievement):

- a. Rotary International, two month Fellowship in Republic of Korea, 1984.
- b. Career FOCUS Eagle Award, National Eagle Leadership Institute, 2002.
- c. Marketing Management for Telecommunications, Duke University Executive Program, May 1988.
- d. Management in Telecommunications, University of Kansas, June 1987.
- e. Marketing Management, Columbia University, April 1994.

15. Published writings (list the titles, publishers, and dates of all books, articles, reports, or other published materials you have written):

None.

16. Speeches (list all formal speeches you have delivered during the past five years which are on topics relevant to the position for which you have been nominated; provide the Committee with two copies of each formal speech):

None.

17. Qualifications (state what, in your opinion, qualifies you to serve in the position to which you have been nominated):

Foremost, I have a desire to serve my country. I have for more than 33 years successfully managed people, systems and customer relationships within corporations. During my career, I have managed several large organizations with budgets (capital expenditure or expense budgets) ranging from 700 million to 2 billion dollars. In my career, I have benefited from managing and observing the migration and adoption of technologies that enable greater productivity and accuracy in organizations. I have contributed to the career development of many individuals through mentoring and providing career guidance. I have experience in dealing with and managing crises. I understand the importance of demonstrated leadership in bringing large numbers of people, and constituencies together and moving toward a common goal.

## B. FUTURE EMPLOYMENT RELATIONSHIPS

1. Will you sever all connections with your present employers, business firms, associations, or organizations if you are confirmed by the Senate? If not, provide details.

No; however, I have consulted with representatives from the U.S. Office of Government Ethics and the Designated Agency Ethics Official for the Social Security Administration regarding potential conflicts of interest regarding my business ownership, with my wife, of two small businesses. I have signed an ethics agreement that details the actions I will take to avoid any potential conflicts of interest. I have provided a copy of the agreement with this questionnaire.

2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government? If so, provide details.

No.

3. Has any person or entity made a commitment or agreement to employ your services in any capacity after you leave government service? If so, provide details.

No.

4. If you are confirmed by the Senate, do you expect to serve out your full term or until the next Presidential election, whichever is applicable? If not, explain.

Yes.

#### C. POTENTIAL CONFLICTS OF INTEREST

1. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated.

I have consulted with representatives from the U.S. Office of Government Ethics and the Designated Agency Ethics Official for the Social Security Administration regarding potential conflicts of interest regarding my business ownerships, investments, obligation, liabilities or other relationships and the position to which I have been nominated. I have signed an ethics agreement that details the actions I will take to avoid any potential conflicts of interest. I have provided a copy of the agreement with this questionnaire. I am not aware of any other potential conflicts of interest.

2. Describe any business relationship, dealing or financial transaction which you have had during the last 10 years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

I have consulted with representatives from the U.S. Office of Government Ethics and the Designated Agency Ethics Official for the Social Security Administration regarding potential conflicts of interest regarding my investments, obligation, liabilities or other relationships and the position to which I have been nominated. I have signed an ethics agreement that details the actions I will take to avoid any potential conflicts of interest. I have provided a copy of the agreement with this questionnaire. I am not aware of any other potential conflicts of interest.

3. Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal Government need not be listed.

None.

4. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items. (Provide the Committee with two copies of any trust or other agreements.)

In connection with the nomination process, I have consulted with representatives from the U.S. Office of Government Ethics and the Designated Agency Ethics Official for the Social Security Administration regarding potential conflicts of interest regarding my investments, obligation, liabilities or other relationships and the position to which I have been nominated. I have signed an ethics agreement that details the actions I will take to avoid any potential conflicts of interest. I have provided a copy of the agreement with this questionnaire.

5. Two copies of written opinions should be provided directly to the Committee by the designated agency ethics officer of the agency to which you have been nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position.

6. The following information is to be provided only by nominees to the positions of United States Trade Representative and Deputy United States Trade Representative:

Have you ever represented, advised, or otherwise aided a foreign government or a foreign political organization with respect to any international trade matter? If so, provide the name of the foreign entity, a description of the work performed

(including any work you supervised), the timeframe of the work (e.g., March to December 1995), and the number of hours spent on the representation.

Not applicable.

**D. LEGAL AND OTHER MATTERS**

1. Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, provide details.

No.

2. Have you ever been investigated, arrested, charged, or held by any Federal, State, or other law enforcement authority for a violation of any Federal, State, county or municipal law, regulation, or ordinance, other than a minor traffic offense? If so, provide details.

No.

3. Have you ever been involved as a party in interest in any administrative agency proceeding or civil litigation? If so, provide details.

No.

4. Have you ever been convicted (including pleas of guilty or *nolo contendere*) of any criminal violation other than a minor traffic offense? If so, provide details.

No.

5. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

None.

**E. TESTIFYING BEFORE CONGRESS**

1. If you are confirmed by the Senate, are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?

Yes.

2. If you are confirmed by the Senate, are you willing to provide such information as is requested by such committees?

Yes.

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QUESTIONS SUBMITTED FOR THE RECORD TO ANDREW LAMONT EANES

QUESTIONS SUBMITTED BY HON. ORRIN G. HATCH

*Question.* Mr. Eanes, one of my points of focus in Social Security's disability insurance program is to continue to explore ways to make it easier for beneficiaries to return to work when they have the capacity and desire to do so. The return-to-work rules remain complicated. And there are still far too many cases where beneficiaries are trying to return to work, are reporting earnings dutifully, and basically trying to do all the right things, yet something gets messed up. In these cases, after weeks or months or maybe longer of trying to do the right thing, a beneficiary gets a letter from Social Security saying that they have been overpaid and owe significant amounts of money back to Social Security. And knowledge that these repayment shocks exist, as I understand it, serve as disincentives for some to even want to test the waters in terms of their return-to-work efforts.

Mr. Eanes, will you work with this committee to find ways to solve this repayment shock problem?

*Answer.* I appreciate the Chairman's and the Committee's leadership on this important issue. Congress, in the Bipartisan Budget Act of 2015 (BBA), section 821, provided reauthorization of demonstration projects that will inform SSA and policy-makers on the effectiveness of various incentives to return to work from disability. I expect this authority, along with the other important reforms in the BBA, will greatly enhance SSA's ability to help DI beneficiaries, who have some residual ability to do so, attempt a return to work. We must remember, however, that the 9 million American workers receiving disability benefits today are individuals who meet a strict definition of disability, supported by medical evidence. In summary, the new

tools that Congress has provided will substantially assist SSA's efforts to return beneficiaries to work, but we also must acknowledge that many will be unable to work even with additional supports.

As Senior Advisor to Acting Commissioner Colvin, I have been assigned a lead role in addressing improper payments in the Social Security and Supplemental Security Income programs. In this capacity, I have focused on better ensuring that SSA's improper payments strategies are aligned with the root causes of error. I am familiar with the "overpayment shock" that beneficiaries get when first presented with an overpayment. I am fully committed to working with the Senate Finance Committee to reduce improper payments and the resulting financial impact on beneficiaries.

In looking at the factors leading to overpayments, I have observed that the lag in time between disability payments and receipt of the correct beneficiary wage data represents a substantial reason for overpayments. We are encouraged that the provisions of the BBA, which provide SSA with access to private sector payroll information, may reduce the time gap between disability payments and receipt of validated wage information for individual beneficiaries. The Agency also appreciates section 826 of the BBA that will facilitate capability of DI beneficiaries to use mobile wage reporting beginning in 2017. While full implementation may take some time, this application also has the potential to reduce the time gap between disability payments and receipt of accurate wage information.

*Question.* Mr. Eanes, I understand that you are a believer in the notion that if we don't measure something, it is unlikely to be recognized and, if it is a problem, fixed. We have had several instances of coordinated fraud in the disability insurance program in New York City, West Virginia, and Puerto Rico. Fraud takes resources away from the truly deserving, and may even erode support for programs. Unfortunately, I don't believe that we have up-to-date and tight data on fraud in SSA's programs, and many of the statistics I have quoted are based on dated numbers or questionable measurement. The Chairman of the House Social Security Subcommittee of the Ways and Means Committee, Sam Johnson, has written letters to the Acting Commissioner and Inspector General asking for cooperation on a study of fraud in the disability program and on measurement. Without accurate measurement, and measurement over time, it is impossible to know what progress we are making.

Mr. Eanes, will you work with this committee, as well as our counterparts in the House, to work on data collection, analysis, and measurement in this area?

*Answer.* I appreciate this question, as this is a matter of great concern to me. As I testified, I have a strong commitment to the philosophy of continuous improvement. If confirmed as Deputy Commissioner, I will apply this philosophy in helping to lead SSA in adopting new technology and business practices that can have real and measurable effects on the agency's operations, including fraud prevention. Fraud, at any level, within the programs of Social Security is something that SSA must continue to address in order to retain the good faith and confidence this Committee and the American public have in Social Security. SSA's Office of the Inspector General must have a lead role in any analysis of fraud issues. However, if confirmed, I will work to improve and increase SSA's data collection efforts, analysis, and measurements in all areas—including program integrity. I will also work with this Committee to examine the data and develop solutions to address the issues identified by the data.

I have reviewed the IG reports suggesting that known fraud in SSA disability programs is 1% or less of annual program outlays, but I am uncomfortable with, and find unacceptable, any level of fraud in the Social Security programs.

I believe vigilance, through resources, is required to pursue fraud wherever it exists. The provisions in the BBA that expand the use of CDI units will go a long way toward identifying and rooting out the type of conspiratorial fraud cited in your question. These CDI units are made up of Social Security, Inspectors General, plus state and local law enforcement officers. The CDIs are highly successful at detecting fraud before SSA makes a disability decision.

I also believe the Agency has a role to play and an opportunity to lean in a bit in deterring the commission of fraud in its programs through communication and messaging to the public. If confirmed as Deputy Commissioner, I look forward to working with all relevant parties, including the Acting Commissioner, Congress, and the Office of the Inspector General, in improving the effectiveness of the agency's programs or operations.

## QUESTIONS SUBMITTED BY HON. MIKE CRAPO

*Question.* In 2013, the President issued a memorandum requiring the Social Security Administration to identify and submit information to the National Instant Criminal Background Check System (NICS). The President subsequently followed up on this memorandum with a series of Executive Actions issued last month. According to the SSA Acting Commissioner Colvin, the SSA is exploring options for submitting the names of certain Social Security beneficiaries to NICS. Last August, I sent a letter to Commissioner Colvin seeking information about SSA's implementation of this policy. The response I received from the SSA was far from sufficient and did not contain any answers to my specific questions.

A particularly troubling aspect of Acting Commissioner Colvin's response was the lack of due process offered to Social Security recipients if this regulation is implemented. For instance, what statutory authority would SSA use?

*Answer.* As Senior Advisor to Acting Commissioner Colvin, I have not been involved in SSA's implementation of the NICS law. However, in an effort to provide you with relevant information, I can relay the following information in response to your questions.

It is my understanding that federal agencies are required under the NICS Improvement Amendments Act of 2007 (Public Law 110-180; 121 Stat. 2559) (NIAA) to make available to the National Instant Criminal Background Check System records relating to certain individuals who, as defined in regulations (27 CFR 478.11), due to a mental illness or limitations are "(1) A danger to himself or to others or; (2) Lacks the mental capacity to contract or manage his own affairs."

*Question.* Who, exactly, will make the determination regarding whether a beneficiary is mentally competent or not? What standard would be used to determine that this person is mentally incapable?

*Answer.* While I have not been involved in implementation of this policy, I know that SSA is in the process of developing a notice of proposed rulemaking (NPRM) to comply with its obligations under the NIAA. Because SSA is still in the process of developing the NPRM, no final conclusions have been reached regarding the procedures it may use to meet its legal obligations. It is my understanding that SSA's proposed rule, once published, will address your questions. When the rule is published there will be a lengthy comment period and SSA welcomes the public's feedback on its proposed approach.

*Question.* In her response, Acting Commissioner Colvin indicated the SSA would not provide the names of beneficiaries to NICS solely based on the assignment of representative payees. If that is the case, what other factors are you considering?

*Answer.* I have not been involved in implementation of this policy, but it is my understanding that SSA's proposed rule, once published, will address your questions. When the rule is published there will be a lengthy comment period and SSA welcomes public feedback on its proposed approach.

*Question.* Will you commit that you will not impose gun bans on seniors, simply because they are incapable of balancing their checkbooks?

*Answer.* It is my understanding that SSA is not considering sending names based on beneficiaries solely having representative payees.

*Question.* Will you commit that you will not impose gun bans on seniors, simply because fiduciaries manage their financial affairs?

*Answer.* To my knowledge, SSA is not considering sending names based on beneficiaries solely having representative payees.

*Question.* The January 4, 2016 fact sheet on the President's executive actions estimates that SSA will be required to submit the records of approximately 75,000 seniors receiving Social Security benefits every year. If the SSA is still unclear on what factors will be used to consider who will be reported to NICS, where did the 75,000 number come from?

*Answer.* It is my understanding that this figure is a rough estimate of the number of individuals whom SSA may be required to report to the NICS database, based on guidance from DOJ. Because SSA is still in the process of developing its NPRM, it has not reached any final conclusions regarding the beneficiaries whom SSA is required to report to NICS. Once published, SSA's proposed rule will address the manner in which SSA proposes to identify individuals for inclusion in the NICS.

*Question.* Will you provide the committee with a written response on where that number came from?

**Answer.** It is my understanding that this figure is a rough approximation of the number of individuals whom SSA may be required to report to the NICS database, based on guidance from DOJ. However, it is important to note that SSA is still in the process of developing a notice of proposed rulemaking (NPRM). Because SSA is still in the process of developing its NPRM, SSA has not reached any final conclusions regarding the beneficiaries whom SSA is required to report to NICS. Once published, SSA's proposed rule will address the manner in which SSA proposes to identify individuals for inclusion in the NICS.

*Question.* The fact sheet also indicates that any rulemaking will provide a mechanism for people to "seek relief from the prohibition of possessing a firearm." Would such a mechanism exist before a beneficiary's name is reported to NICS or after?

**Answer.** It is my understanding that SSA is in the process of developing a notice of proposed rulemaking (NPRM) to comply with its obligations under the NIAA. Because SSA is still in the process of developing the NPRM, no final conclusions have been reached regarding the procedures it may use to meet its legal obligations. It is my understanding that SSA's proposed rule, once published, will address your questions. When the rule is published, there will be a lengthy comment period and SSA welcomes the public's feedback on its proposed approach.

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QUESTION SUBMITTED BY HON. TIM SCOTT

*Question.* Mr. Eanes, Social Security overpayments seem to be a constant issue within the agency, and a source of taxpayer waste. According to an audit by the Office of Inspector General last year, over a ten year period, SSA assessed approximately \$16.8 billion in overpayments between 2003 and 2014. Now, SSA was able to recover about half of that amount, and although I understand that much of the overpayments are based on beneficiaries' failures to report data to SSA, if confirmed, how do you plan on addressing overpayments and recovery of those payments?

**Answer.** In my current role as Senior Advisor, Acting Commissioner Colvin has assigned me a lead role in addressing improper payments in the Social Security and Supplemental Security Income programs. While recovery of taxpayer funded payments made in error are essential, those efforts do not address the root cause. I am a firm believer in root cause analysis. I have focused on better ensuring our improper payments strategies are aligned with the root causes of error. I have also worked closely with the team to refine our baseline metrics to ensure that SSA's solutions are addressing the root causes of improper payments. The Agency should continue and, where possible, accelerate its efforts to reduce improper payments.

A primary reason for overpayments in both the Disability and SSI programs relate to the Agency not having accurate and timely information on a beneficiary's wages or financial assets, at the time of payments. This boils down to a gap in time between benefit payments and obtaining the correct information.

The recently enacted Bipartisan Budget Act of 2015 (BBA) required SSA to provide, by September 30, 2017, Social Security disability insurance (DI) beneficiaries with the ability to report earnings through the Internet or telephone (section 826). In addition, section 824 of the BBA will help reduce the reporting burdens of Social Security DI and Supplemental Security Income (SSI) beneficiaries who have earnings by authorizing SSA to obtain such information on a timely basis from payroll providers, and section 825 will help simplify how earnings are counted. These important reforms will enhance SSA's ability to avoid improper payments.

A leading cause of SSI overpayments is the existence of previously undisclosed financial accounts. The Agency's improper payment improvement team is working on an initiative, in cooperation with financial companies, which will improve our ability to identify previously undisclosed financial accounts. With up to date information on financial accounts that may disqualify or reduce benefit payments, the growth of improper payments resulting from untimely or inaccurate wage and financial account status can be reduced. In addition, I would note that the President's FY 2017 Budget Request includes a new legislative proposal that would expressly authorize SSA to use commercial databases to verify real property data in the SSA program. SSA would use such information to determine eligibility for SSI benefits.

If confirmed as Deputy Commissioner, Acting Commissioner Colvin has advised me that I will continue in a lead role working with improper payments.

## QUESTION SUBMITTED BY HON. CHARLES E. SCHUMER

*Question.* Mr. Eanes: As you know, I strongly believe that the Social Security Administration should seek and incorporate community input before changing the local services that so many of our seniors and disabled rely on. I am happy to see that you acknowledged the need for customer-driven options for service delivery in your testimony. Social Security beneficiaries deserve flexible, reliable and timely services. As Deputy Commissioner of the Social Security Administration, what changes, if any, would you make to Social Security's services and how would you incorporate local input into your decision-making process? Specifically, what changes, if any, would you make to SSA's current field office structure? How would you address the service needs of retirees who cannot, or prefer not to, access SSA services through online platforms?

*Answer.* I believe that Social Security's customers should be able to access services through the option they prefer. The Agency is moving to provide an increased number and variety of channels for its customers to interact with it. Over half of retirement filings are now done online. With the projected increase in beneficiaries as the baby boomers retire, this is a helpful development.

The evolving demographics of current and future Social Security beneficiaries suggest that there will continue to be increases in the adoption of telephone, online and mobile services as customers' preferred methods to interact with SSA. Still, there will always be the need for field offices in local communities. The field office is the best manifestation of the high quality of service the Agency seeks to provide, because it is where members of the public can discuss their needs with compassionate SSA representatives face to face. Where there is sufficient demand for those field offices, the Agency must continue to offer them.

If confirmed, I will commit to furthering the ease of use, reliability and security of the Agency's telephone and electronic services. I also believe that gathering, analyzing, and acting on customer feedback on perceptions of service delivery is essential to continually improving services. In combination with standard customer service performance metrics that quantify wait time to service delivery and other important information, direct customer feedback on the quality of service is essential. To that end, I would rely upon feedback from interactions in field offices, and all other channels of interaction to further inform the Agency on the best course for providing continual customer service improvements.

While it is indeed possible that there will be field office closings in the future, I don't believe closings should ever be an explicit goal of the Agency. It is my understanding that SSA and Members of Congress have entered into an agreement for any closure or consolidation of SSA Field Offices. I understand that this agreement includes a commitment that SSA inform any Members of Congress whose state or district would be impacted, at least 180 days in advance of any such closing or consolidation. A field office closing should only occur after significant consideration of all factors involved and significant communication with impacted communities. Having visited many field offices across the country during the past 15 months, I know firsthand this is where the best of Social Security's compassion and commitment to mission are observable.

## QUESTION SUBMITTED BY HON. BILL NELSON

*Question.* According to the Inspector General of the Social Security Administration, the backlog for Social Security disability benefits has surged from 694,000 in June 2010 to about 1 million five years later. The state of Florida is experiencing a significant backlog, too. There, the average wait time a person experiences before a disability hearing is held is 18.5 months in Tallahassee, and 20 months in Fort Myers and Miami. This is time in which some of these individuals cannot work because of their situation.

*Answer.* This issue remains one of the Agency's highest priorities because we recognize that, behind the numbers, is a person in need awaiting a decision. While I believe that meeting the needs of the more than 1 million people awaiting a decision is a priority, I do not support any approach that might sacrifice the quality of decisions for greater production.

SSA's Office of Disability Adjudication and Review (ODAR) has recently developed and begun implementation of a plan to reduce the hearings backlog. The plan includes hiring more ALJs, giving them more support staff, and moving certain ap-

peals to the Appeals Council. This plan depends on a variety of factors, including full funding of the President's budget request and expedited ALJ exams administered by the Office of Personnel Management, as required by the recently enacted BBA. The Agency appreciates this provision, which will add qualified candidates to the ALJ registry and allow for more ALJ hires to help reduce the number of pending cases. I am certain that ODAR would be glad to brief you in greater detail on their plan to address the hearings backlog.

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QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

*Question.* The headquarters of the Social Security Administration (SSA) is in Woodlawn, in Baltimore County, Maryland. I am a proud resident of Baltimore County and I am privileged to represent Maryland in the United States Senate. SSA is a large agency, which employs about 60,000 workers nationwide, and about 11,000 workers in Maryland. It includes 10 regional offices, 6 processing centers, and approximately 1,200 field offices.

If confirmed, what steps would you take to improve employee retention and morale at the agency? What lessons and best practices would you draw from your experience in the private sector in making any needed reforms at SSA? What steps have you already taken as a Senior Advisor to Commissioner Colvin since October 2014?

*Question.* I appreciate this question, as it provides me an opportunity to share important thoughts on employee retention, recruitment and engagement. First, I believe strongly that the greatest motivator for an employee to work with the Agency or any enterprise is their belief in the importance of their work and that their work will be respected and sustainable. From my private sector experience, I know that the clear linking of individual and team objectives, to the overall organization mission, vision and goals, in a way where employees know with certainty that the work they're doing makes a difference, can be very powerful in retention, recruitment and agency performance.

The clear linkages between individual, team, and agency performance goals can provide a strong sense of purpose to employees. If confirmed, I will work to ensure that each employee understands their value and the part they play in achieving the agency goals, mission, and vision. I will work to ensure that management at all levels adopts the approach of not only including and valuing employees in furtherance of the Agency's goals, but recognizing their performance and contributions. SSA is regularly ranked in the top 10 for employee satisfaction of federal agencies (according to the Federal Employee Viewpoint Survey) and is currently ranked #6. If confirmed, I will work to continue and even improve upon that track record. I want all SSA employees to be proud and inspired that they are working to serve the mission of an Agency serving more than 65 million people and growing and who will in some way, be dependent on Social Security for financial security.

I am very proud of the relationships that I developed in my private sector experience working with unions. Active engagement and communications are key factors in building constructive and productive relations that move an enterprise and its employees forward toward mutual goals. If confirmed, I look forward to an engaged and productive relationship with the Agency's labor unions.

As more than 50% of its employees are eligible to retire, SSA is faced with the threat of significant loss of institutional knowledge over the next few years. I am very appreciative that Acting Commissioner Colvin assigned me to work in this area, as I am a firm believer that any organization's greatest resources is its employees. The Acting Commissioner asked me to work with the Office of Human Resources to establish a succession planning strategy that includes:

- Benchmarking other Federal agencies' succession planning programs and reviewing organizational development literature on this topic;
- Developing a shared roadmap of SSA's succession planning methodology, consistent with Merit System principles;
- Identifying critical positions across SSA; and
- Developing assessment tools to analyze gaps in leadership, core, and technical competencies.

If confirmed, I would continue to build upon my previous efforts relating to the continual development and replenishment of human capital at SSA.

*Question.* I am concerned about the discrimination complaint process used at SSA, and the 2014 Equal Employment Opportunity Commission (EEOC) report on this

matter. EEOC found that SSA had failed to follow regulations on addressing workplace discrimination complaints, had manipulated data to boost case completion rates, and might have allowed managers to interfere in what were supposed to be impartial investigations. Notably, EEOC found that over a four-year period where nearly 2,300 EEO complaints were filed, none resulted in a finding of discrimination.

In response to this report, SSA Commissioner Carolyn Colvin pledged that she would overhaul and transform the EEO program into a “model program.” In particular, I know that Commissioner Colvin has designated a new associate commissioner to head the agency’s office of civil rights and equal opportunity. She stated she would also increase oversight of regional EEO offices and standardize the SSA complaint process.

Can you give me an update on the work of this office and any recent improvements in SSA’s EEO complaint process?

Answer. I believe the Agency’s EEO compliance and performance is very important. Though Acting Commissioner Colvin has not designated any specific responsibility to me regarding EEO, I have attended quarterly performance reporting meetings and I know that the Agency provides periodic reports on its performance to Congress.

Based on information I have received from the Office of Human Resources, which has jurisdiction over the Office of Civil Rights and Equal Opportunity at SSA, it is my understanding that SSA has made progress in multiple areas since the 2014 EEOC report. Changes include agency-wide EEO training, an anti-harassment program, and improved case processing activities. Ninety percent of SSA headquarters managers have been trained on the benefits of alternate dispute resolution. By the end of FY 2015, SSA had trained 6,000 field managers. SSA has also taken steps to promote diversity and inclusion through the Barrier Obliteration Program initiated in October 2015. I am happy to request that SSA provide you with an update.

*Question.* As part of the FY16 omnibus appropriations legislation enacted in December 2015, SSA received a discretionary allocation of \$12.1 billion, which is \$356 million more than last year, for SSA’s administrative expenses. In fiscal year 2016, SSA will administer approximately \$1 trillion in benefit payments to approximately 69 million Americans; process approximately 5.4 million retirement applications and 2.8 million disability applications; and provide services to over 40 million visitors to its field offices and 43 million callers to its 1-800 number. This amount also provides increased program integrity efforts—\$39 million more than last year, for a total of \$1.523 billion—that are expected to save approximately \$10 billion in the Social Security, Medicare and Medicaid programs.

Can you tell the Committee how SSA will effectively use these additional funds for administrative expenses, and in particular how this funding will result in better customer service for the many Americans who rely on Social Security?

Answer. Though Acting Commissioner Colvin has not assigned oversight of SSA’s budget to me, I have received a significant amount of information from SSA’s Office of Budget. There are a number of provisions in the BBA of 2015 that will help improve program integrity and service to the American public. The Agency appreciates your support and the support of the Senate Finance Committee in helping fund and facilitate these vital projects.

Section 815 of the BBA modifies the amounts authorized for program integrity work for FYs 2017–2021 and in so doing, proposes specific goals in reducing the number of backlogged CDRs, which are periodic reevaluations to determine if beneficiaries continue to meet SSA’s standards of disability or have returned to work and no longer qualify for benefits. These reviews are vital in determining whether beneficiaries continue to meet eligibility requirements to receive payments. CDRs create a substantial program savings for a relatively small investment of administrative funds. On average, CDRs yield approximately \$8 in program savings over 10 years for every \$1 budgeted. This provision will help improve services to the public, reduce the CDR backlog, and reduce programmatic costs.

The Agency appreciates section 846 of the BBA that will facilitate and accelerate the ALJ examination schedule and add more qualified candidates to the ALJ registry. SSA plans to hire 250 ALJs in FY 2016. With sustained funding, this increased hiring, along with other initiatives planned by ODAR, will allow SSA to begin to make significant progress in serving the more than 1 million people awaiting a hearing decision. I have not been directly involved with ODAR’s efforts in this

area but I am certain they would be happy to provide a detailed briefing on their plan.

SSA has a significantly aged IT infrastructure. The infrastructure contains disparate systems and databases that were not originally designed to communicate with each other or share common data across them. Yet these aged systems are the very production tools that agency employees rely upon each day to provide service to the public. This legacy infrastructure is not service or economically sustainable. SSA must maintain the legacy systems while, in parallel, developing their replacements. A portion of the 2016 appropriation helps to begin the design of the legacy replacement systems. The agency appreciates your support of this year's appropriation and your support in future years to ensure this modernization is successfully carried out. However, this effort will be a long-term investment that must be sustained for many years. That is why the President has put forward a mandatory, multi-year \$240 million funding proposal dedicated to modernizing SSA's IT, specifically its core databased, programming languages, and IT infrastructure.

Your question on the impact of customer service is insightful. My view is that quality customer service is a primary mission and all SSA administrative costs should ultimately demonstrate value to the customer service equation.

SSA will continue to improve service through enhancement of online services, which will provide more timely and accurate service delivery. Customers will have the ability to apply for benefits online. They will also be able to apply for a replacement Social Security card. I believe that Social Security's customers should be able to access services through the option they prefer. While the Agency is moving to provide an increased number and variety of channels for its customers to interact with it, there will always be the need for field offices in local communities.

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PREPARED STATEMENT OF HON. ORRIN G. HATCH,  
A U.S. SENATOR FROM UTAH

WASHINGTON—Senate Finance Committee Chairman Orrin Hatch (R-Utah) today delivered the following opening statement at a hearing considering a number of pending nominations for the Department of Health and Human Services (HHS), the Social Security Administration (SSA) and the U.S. Tax Court:

Today we will consider the nominations of four individuals selected by the President for positions throughout the government.

Though many people are already transfixed by election-year politics, it is important that we remain focused on being productive in this committee and, hopefully, throughout Congress. This committee has a long history of being able to set aside politics and achieve results that promote effective government, no matter what party happens to be in power.

While Executive Branch nominations are often the subject of political wrangling, my position has always been that the President is entitled to appoint the people he wants to work with him in his administration, barring serious ethical lapses or extraordinary circumstances. With that in mind, I do acknowledge the trust the President has placed in each of the nominees before us today and I respect their reasoned opinions on the issues, even if I do not always share the same perspectives.

I would like to take a few moments to speak briefly about each of the nominees who is here with us today.

First, we have Dr. Mary Wakefield, who has been nominated to serve as the Deputy Secretary of the Department of Health and Human Services. Dr. Wakefield has an impressive background, including several years of service as a staffer here in the Senate.

I hope no one holds that against her.

Her legislative background and training as a nurse have, in my opinion, prepared her for dealing with the crises she will almost certainly have to deal with as HHS Deputy Secretary. Dr. Wakefield has a reputation for being a problem-solver, and, given the breadth and depth of issues she'll be dealing with in this position, I suspect her biggest challenge will be determining which problems need to be solved first.

I look forward to hearing more about why Dr. Wakefield wants to take on this very demanding job, and what qualities she hopes to bring to it.

Today we will also consider the nomination of Andrew LaMont Eanes to be the Deputy Commissioner of the Social Security Administration. Currently, Mr. Eanes serves as Senior Advisor in the Office of the Acting Commissioner and has a vast background in management, technology, and a demonstrated history of simply getting things done.

We can always use more of that in our government.

Social Security is currently the largest single item in the federal government's budget. Roughly 60 million people—or around one-fifth the total population of the United States—currently receive Social Security benefits. In fiscal year 2015, spending for Social Security benefits totaled \$877 billion—that's one out of every four dollars spent by the federal government.

And, despite the success we had last year in averting impending benefit cuts in the Social Security Disability Insurance program, Social Security overall remains on an unsustainable fiscal path, with the combined trust funds projected to be exhausted in just 13 years.

Even with these fiscal challenges, operationally speaking, the Social Security Administration, or SSA, has fared better than most agencies in terms of budget allocations. Of course, we generally don't hear that from them. Instead, we tend hear persistent claims from many SSA officials that any and all problems at the agency are caused by Congress's supposed refusal to provide adequate funding.

Fortunately, however, there are also those at SSA who work hard, day in and day out, to ensure that taxpayer funds are used as efficiently as possible for the sake of beneficiaries. And, everything that I've seen thus far indicates that Mr. Eanes is one of these diligent officials working to protect taxpayer resources and to make sure the benefit programs can be run as efficiently and effectively as possible.

That is precisely what hardworking taxpayers and beneficiaries of these important programs deserve.

Last but not least, we will also hear from two nominees to the U.S. Tax Court: Elizabeth Ann Copeland and Vik Edwin Stoll.

As we all know, the U.S. Tax Court plays an important role in our tax system as it is the only venue for taxpayers to challenge an assessed tax liability before being forced to remit payment.

Judges on the Tax Court are some of the very few government officials that deal face-to-face with individual taxpayers on issues relating to their taxes. Therefore, it is important that we keep the court staffed with qualified judges to ensure greater accountability to taxpayers and to ensure timely access.

And, as with our other nominees, everything we've seen thus far indicates that both Ms. Copeland and Mr. Stoll are highly qualified, with reputations for fairness and integrity.

In short, it appears that we have strong slate of nominees before us today and I look forward to more discussion about their qualifications during today's hearing.

I want to thank all of the nominees for being here today and for their willingness to serve.

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PREPARED STATEMENT OF VIK EDWIN STOLL, NOMINATED TO BE A  
JUDGE OF THE UNITED STATES TAX COURT

Mr. Chairman, Ranking Member Wyden, and distinguished members of the Committee, thank you for allowing me the opportunity to be here today. I am greatly honored to have been nominated to be a judge on the United States Tax Court, and I wish to sincerely thank President Obama for that nomination and the confidence that he has shown in me. It is an honor for me to be here today, and I am grateful for your consideration of my nomination and appreciative of the Committee staff for their hard work in expeditiously completing the processing for that consideration.

I also would like to thank my wife of 33 years, Jan, and our three children, for the support, encouragement and inspiration that they have always given me. And I will always be most grateful to my parents, career government employees, for providing me with a deep appreciation for the importance and privilege of public service.

Ever since I first appeared before a Tax Court judge representing a client as a young law firm associate more than 33 years ago, I have had a strong desire to be a judge on the United States Tax Court. I practiced law for nearly 30 years in the private sector, with federal tax planning and controversy, including Tax Court practice, as large parts of that law practice. In that practice, I enjoyed an excellent working relationship with IRS personnel—Revenue Agents, Revenue Officers, Special Agents, Appellate Conferees, and District Counsel.

During that time, I also had the privilege of serving the public, in many different roles, including serving nearly four years as a member of the Missouri Housing Development Commission, more than four years as a member of the Missouri Development Finance Board, approximately three years as a member of the Desegregation Monitoring Committee of the U.S. District Court for the Western District of Missouri, three years as a member of a local school board, and a year as a member of my city's Charter Review Commission. For the past six and one half years, I have served in a managerial and administrative capacity in the government of Jackson County, Missouri, including the management and oversight of the county's Collection Department that collects more than 850 million dollars annually in tax revenues for more than 60 taxing jurisdictions.

My private practice experience, representing clients and working closely with IRS personnel, my service on the Missouri Housing Development Commission and Missouri Development Finance Board, and more than six years of experience setting policy and managing and overseeing the Collection Department of Jackson County, Missouri and evaluating the merits of property tax disputes, all have given me a good perspective of private sector and public sector work, a good understanding and appreciation of the needs and expectations of parties to tax controversy, and the practical aspects of preparing for, litigating and, when possible and appropriate, settling federal tax controversies.

That experience also has reinforced and confirmed my firm belief that for the success of our tax system, it must be fair and it must be perceived by taxpayers as being fair. The Tax Court plays a crucial role in assuring that fairness and that perception. If confirmed, I will always strive to continue in the tradition of the Tax Court to fulfill that crucial role.

I love public service, and have had the very good fortune and privilege of being able to serve my community, my city, my county and my state. I have a very strong desire to now use my skills and experience to serve my country as a United States Tax Court judge.

Thank you, again, for this opportunity to be here today. I am happy to answer any questions that you may have.

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**SENATE FINANCE COMMITTEE**  
**STATEMENT OF INFORMATION REQUESTED**  
**OF NOMINEE**

**A. BIOGRAPHICAL INFORMATION**

1. Name (include any former names used): Full Name: **Vik Edwin Stoll**

Other names used or by which I am or may be known: **V. Edwin Stoll, Edwin Stoll, Vik Stoll, Vik E. Stoll, V. Ed Stoll, V.E. Stoll, E. Stoll, V. Stoll, Ed Stoll, and Vik Ed Stoll.**

Names not used or authorized by me but which occasionally may be used erroneously by others to refer to me: **Edwin V. Stoll, V. Edward Stoll, and Vic E. Stoll.**

2. Position to which nominated: **United States Tax Court Judge**

3. Date of nomination: **November 9, 2015**

4. Address (list current residence, office, and mailing addresses):

5. Date and place of birth: **April 3, 1954 (Kansas City, Missouri)**

6. Marital status (include maiden name of wife or husband's name):

7. Names and ages of children:
8. Education (list secondary and higher education institutions, dates attended, degree received, and date degree granted):
 

Raytown South High School, 08/1969–05/1972, High School Diploma, 05/1972.

University of Missouri-Columbia, 08/1972–05/1976, Bachelor of Science in Business Administration, 05/1976.

University of Missouri-Columbia, 08/1976–05/1979, Juris Doctor, 05/1979.
9. Employment record (list all jobs held since college, including the title or description of job, name of employer, location of work, and dates of employment):
 

Sod worker, Hillcrest Country Club, Kansas City, MO, 05/1976–08/1976.

National Student Bank Examiner, Comptroller of the Currency, Kansas City, Missouri (with travel to St. Louis, MO, Smith Center Kansas and St. Joseph, MO), 05/1977–08/1977.

Law intern, Morris and King, P.C. (then known as Morris, Larson, King, Stampfer and Bold, P.C.), Kansas City, MO, 05/1978–08/1978.

Associate, Morris and King, P.C. (then known as Morris, Larson, King, Stamper and Bold, P.C.), Kansas City, MO, 05/1979–05/1984.

Shareholder and Director, Morris and King, P.C. (name changed during this period of employment from Morris, Larson, King, Stampfer and Bold, P.C. to Morris, Larson, King and Stamper, P.C., then to Morris and Larson, P.C., and then to Morris and King, P.C.), Kansas City, MO, 05/1984–08/1990.

Member, Hillix, Brewer, Hoffhaus, Whittaker and Wright, LLC, Kansas City, MO, 08/1990–08/1998.

Partner, Morrison and Hecker, LLP (later known as Stinson Morrison Hecker LLP), Kansas City, MO, 09/1998–04/2009.

Self-employed, Lee's Summit, MO, 05/2009–07/2009.

Director of Collections, Jackson County, MO, Kansas City, MO, 07/2009–08/2012, 04/2014–present.

Deputy Chief Administrative Officer, Jackson County, Missouri, Kansas City, MO, 08/2012–present.
10. Government experience (list any advisory, consultative, honorary, or other part-time service or positions with Federal, State or local governments, other than those listed above):
 

Member, Missouri Housing Development Commission, 1987–1991 (Secretary-Treasurer, 1988–1989; Vice-Chairman, 1989–1990; Chairman, 1990–1991).

Member, Missouri Development Finance Board, 1992–1996 (Vice Chairman, 1993–1996).

Member, Desegregation Monitoring Committee of the United States District Court, Western District of Missouri, 1990–1993.

Member, Board of Education of Consolidated School District No. 2, Jackson County, Missouri, 1996–1999.

Member, Lee's Summit, Missouri Charter Review Commission, 2006–2007.
11. Business relationships (list all positions held as an office, director, trustee, partner, proprietor, agent, representative, or consultant of any corporation, company, firm, partnership, other business enterprise, or educational or other institution):
 

Owner of 40 acre farm, described in Section F.
12. Memberships (list all memberships and offices held in professional, fraternal, scholarly, civic, business, charitable, and other organizations):
 

**Note:**  
The dates provided are estimates made following a review of available records.

Organizations: The Missouri Bar (09/1979–present); National Association of County Collectors, Treasurers and Finance Officers (10/2009–present); Government Finance Officers Association of Missouri (10/2009–present); Boy Scouts of

America (07/1998–present); Lakewood Property Owners Association (05/2000–present); Vista del Verde Property Owners Association (10/2007–present); Friends of Chicago and Alton Depot of Independence, Missouri (12/2013–present); AARP (03/2015–present); Raytown Arts Council (07/2006–present); Sons of the American Revolution (03/2012–present).

13. Political affiliations and activities:
  - a. List all public offices for which you have been a candidate.
 

Board of Education, Consolidated School District No. 2, Raytown, Missouri, 1996 (elected and served 1996–1999).
  - b. List all memberships and offices held in and services rendered to all political parties or election committees during the last 10 years.
 

Served as Treasurer for candidate campaign for Board of Education, Consolidated School District No. 2, Raytown, Missouri, 1993.
  - c. Itemize all political contributions to any individual, campaign, organization, political party, political action committee, or similar entity of \$50 or more for the past 10 years.
 

\$500 Glover for Mayor 2007 02/02/2007; \$1,000 Nixon for Governor 09/24/2007; \$100 Glover for Mayor 2007 02/06/2008; \$500 Robin Carnahan for Senate 12/14/2009; \$500 Sanders for Jackson County 03/18/2010; \$500 Sanders for Jackson County 04/20/2011; and \$500 Sanders for Jackson County 04/10/2014.
14. Honors and Awards (list all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievement):
 

Law School: University of Missouri Columbia, J.D. (Cum Laude), 1979; Law School Honors and Achievements: Order of the Coif, Missouri Law Review, Note and Comment Editor; Undergraduate School: University of Missouri Columbia, B.S. in Business Administration (Magna Cum Laude), 1976; Undergraduate School Honors and Achievements: Varsity Basketball Letterman, Mystical Seven, Phi Kappa Phi, Beta Gamma Sigma.
15. Published writings (list the titles, publishers, and dates of all books, articles, reports, or other published materials you have written):
 

Co-author of Missouri CLE chapters: Missouri Sales and Use Tax, 1982, Corporate Taxation-Liquidations, 1983; Contributor to “On Law” column in *Kansas City Business Journal*, various titles, 1984–1988; Contributor to *Precedents*, informational letter of law firm (Morris, Larson, King and Stamper, P.C.), “Tax Reform Act: Changes Are Significant,” 1986, and “Real Estate Under the Passive Loss Limitation Rules,” 1987; author of article in *Money Maker* magazine, “Paying Less Tax On Your Interest Income,” October/November 1985; author of “Tax Tips,” a monthly publication of Commercial Title Insurance Co., 1987–1988; author of article in *Kansas City Magazine*, “Taxing Questions,” August 1985; and author of article in *Kansas City Post*, no title, June 1985.
16. Speeches (list all formal speeches you have delivered during the past five years which are on topics relevant to the position for which you have been nominated; provide the Committee with two copies of each formal speech):
 

None.
17. Qualifications (state what, in your opinion, qualifies you to serve in the position to which you have been nominated):
 

I practiced law for nearly thirty years in the private sector. Federal tax planning and controversy, including Tax Court practice, were large parts of that law practice. In that practice, I enjoyed an excellent working relationship with IRS personnel (Revenue Agents, Revenue Officers, Special Agents, Appellate Conferencees, and District Counsel). In addition, serving for more than four years on the Missouri Housing Development Commission gave me an in depth, working knowledge of the law, regulations and practical application and use of Federal low income housing tax credits. That practice and experience has given me a good understanding of federal tax law and procedure. That private practice experience, representing clients and working closely with IRS personnel, service on the Missouri Housing Development Commission and more than six years of experience setting policy and managing and overseeing the Collection Department of Jackson County, Missouri and evaluating the merits of property tax dis-

putes, all have given me a good perspective of private sector and government sector work, a good understanding and appreciation of the needs and expectations of parties to tax controversy, and the practical aspects of preparing for, litigating, briefing and, when possible and appropriate, settling federal tax controversies. I love public service, and have had the good fortune of being able to serve my community, my city, my county and my state. I have a very strong desire to now use my skills and experience to serve my country as a United States Tax Court judge.

**B. FUTURE EMPLOYMENT RELATIONSHIPS**

1. Will you sever all connections with your present employers, business firms, associations, or organizations if you are confirmed by the Senate? If not, provide details.

Yes.

2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government? If not, provide details.

No.

3. Has any person or entity made a commitment or agreement to employ your services in any capacity after you leave government service? If so, provide details.

No.

4. If you are confirmed by the Senate, do you expect to serve out your full term or until the next Presidential election, whichever is applicable? If not, explain.

Yes, subject to mandatory retirement pursuant to 26 U.S.C. Section 7447.

**C. POTENTIAL CONFLICTS OF INTEREST**

1. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Administrative Office of the U.S. Courts (AOUSC) designated agency ethics officials to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in coordination with the AOUSC. I am not aware of any potential conflicts of interest.

2. Describe any business relationship, dealing or financial transaction which you have had during the last 10 years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

In connection with the nomination process, I have consulted with the Administrative Office of the U.S. Courts (AOUSC) designated agency ethics officials to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in coordination with the AOUSC. I am not aware of any potential conflicts of interest.

3. Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal Government need not be listed.

In my official capacity as Director of the Collection Department for Jackson County Missouri (07/2009–08/2012, 04/2014–present) I have set policy for the Collection Department, and in my official capacity as Deputy Chief Administrative Officer for Jackson County (08/2012–present) I have set policy for the Assessment Department and the Collection Department, and in such official capacities, I have reviewed and commented on, and drafted, proposed state legislation. In 2011, I testified before a Missouri legislative committee concerning proposed state legislation.

4. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items. (Provide the Committee with two copies of any trust or other agreements.)

In connection with the nomination process, I have consulted with the Administrative Office of the U.S. Courts (AOUSC) designated agency ethics officials to iden-

tify potential conflicts of interest. Any potential conflicts of interest will be resolved in coordination with the AOUSC. I am not aware of any potential conflicts of interest.

5. Two copies of written opinions should be provided directly to the Committee by the designated agency ethics officer of the agency to which you have been nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position.
6. The following information is to be provided only by nominees to the positions of United States Trade Representative and Deputy United States Trade Representative:

Have you ever represented, advised, or otherwise aided a foreign government or a foreign political organization with respect to any international trade matter? If so, provide the name of the foreign entity, a description of the work performed (including any work you supervised), the time frame of the work (e.g., March to December 1995), and the number of hours spent on the representation.

Not applicable.

#### **D. LEGAL AND OTHER MATTERS**

1. Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, provide details.

No.

2. Have you ever been investigated, arrested, charged, or held by any Federal, State, or other law enforcement authority for a violation of any Federal, State, county or municipal law, regulation, or ordinance, other than a minor traffic offense? If so, provide details.

Yes. The Kansas City, Missouri Neighborhood and Community Services Department erroneously sought to assert a property code violation against me in 2008 for a condition that arose on property that I neither owned nor controlled. The City acknowledged its error and dismissed the charge against me.

3. Have you ever been involved as a party of interest in any administrative agency proceeding or civil litigation? If so, provide details.

Yes.

Plaintiff in Landlord Complaint against rent delinquent tenant filed in 1982-1985 (estimated); judgment for plaintiff shortly after filing.

Plaintiff in Landlord Complaint against rent delinquent tenant filed 2/26/1997; dismissed without prejudice 4/29/1997.

Plaintiff in Landlord Complaint against rent delinquent tenant filed 11/5/1998; dismissed without prejudice 11/1/1999.

Plaintiff in Landlord Complaint against rent delinquent tenant filed 2/26/2014; dismissed without prejudice 7/8/2014.

Plaintiff in Landlord Complaint against rent delinquent tenant filed 10/28/2014; judgement for plaintiff 12/2/2014.

Erroneously named a defendant in small claims case against corporation for which I served as registered agent, filed 9/12/2002, for a matter with which I had no personal involvement, the pro se plaintiff apparently misunderstanding the function of a registered agent; party ended 10/8/2002; case was dismissed without prejudice 11/27/2002.

Named as one of several plaintiffs in breach of contract case brought by my law firm (a limited liability company) in which all of the members of the firm were also listed as plaintiffs; filed 3/20/1992; judgment for plaintiff 5/25/1994.

Named as one of several plaintiffs in breach of contract case brought by my law firm (a limited liability company) in which all of the members of the firm were also listed as plaintiffs; filed 6/9/1993; judgment for plaintiff 1/17/1995.

Named as one of several defendants in declaratory judgment action brought against my law firm (a limited liability company) in which all of the members of the firm were also listed as defendants for a matter with which I had no personal involvement; filed 12/17/1993; dismissed with prejudice 4/26/1995.

Named as a defendant in a breach of contract case brought against a corporation for which I served as registered agent and possibly corporate Secretary (with the sole function of attesting documents) for a matter with which I had no personal involvement, filed 4/3/1991; dismissed without prejudice 4/24/1991.

Named as a defendant as trustee, in a medical claim case brought against a corporation for which I had served as corporate Secretary (with the sole function of attesting documents) and others for a matter with which I had no personal involvement, filed 11/20/1990; I was dismissed without prejudice 3/23/1993.

Named as one of several defendants in a case against a school district seeking to prohibit student dismissal/suspension from an athletic team; I was a member of the Board of Education and my involvement in the case was solely in my official capacity as a member of the Board of Education of the school district; filed 1/19/1999; prohibition order issued 2/3/1999.

With respect to my involvement in litigation solely in my official capacity as Director of the Collection Department of Jackson County, Missouri or solely in my official capacity as Deputy Chief Administrative Officer of Jackson County, Missouri, see the attached copy of a letter from Jay Haden, Chief Deputy County Counselor, Jackson County, Missouri.

4. Have you ever been convicted (including pleas of guilty or *nolo contendere*) of any criminal violation other than a minor traffic offense? If so, provide details.

No.

5. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

None.

#### **E. TESTIFYING BEFORE CONGRESS**

1. If you are confirmed by the Senate, are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?

Yes.

2. If you are confirmed by the Senate, are you willing to provide such information as is requested by such committees?

Yes.

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#### QUESTIONS SUBMITTED FOR THE RECORD TO VIK EDWIN STOLL

##### QUESTION SUBMITTED BY HON. ORRIN G. HATCH

*Question.* If confirmed, as a Tax Court judge you will preside over many cases that involve unsophisticated taxpayers with few resources to deploy while making their cases. What lessons do you take from your prior professional experiences to ensure that you treat these taxpayers with respect and understanding while stopping short of awarding them an advantage?

*Answer.* Gathering the facts necessary for fair adjudication in cases involving self-represented unsophisticated taxpayers may be difficult. The tax code may be confusing for them and they may have little experience with our tax system, all of which may impair their ability to present their cases. Patience and sensitivity to such confusion and inexperience, and understanding of their lack of sophistication will be crucial to treating such taxpayers fairly and with respect. Providing more detailed explanations to such taxpayers and respectfully asking those taxpayers more and differently phrased questions may be necessary and appropriate to assure that they are treated fairly and with respect.

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##### QUESTIONS SUBMITTED BY HON. DEAN HELLER

*Question.* I believe the Tax Court is the backbone of enforcing the federal tax code. In order to advocate for the nation's tax cases, what qualifications best serve you for this position?

*Answer.* Federal tax planning and controversy, including Tax Court practice, were large parts of my private law practice of nearly 30 years. In representing clients in

that practice I worked closely with IRS personnel. My service on the Missouri Housing Development Commission and Missouri Development Finance Board gave me approximately eight years of experience considering and analyzing requests for assistance from those entities by many individuals and small businesses. In managing and overseeing the Collection Department of Jackson County, Missouri over the past six and one half years, I have evaluated the merits of hundreds of property tax disputes, applying existing law to the facts of each case in reaching a determination.

From that private law practice and government experience, I have a good perspective of private sector work and public sector work, a good understanding and appreciation of the needs and expectations of parties to tax controversy, and a good understanding and appreciation of the practical aspects of preparing for, litigating and, when possible and appropriate, settling federal tax controversies.

*Question.* Like many Nevadans, I am a strong supporter of providing fairness and simplicity to taxpayers and businesses. As you may know, this committee is dedicated to overhauling the tax code. Under the leadership and dedication of Chairman Hatch, the committee has held many tax reform hearings, including one last year on simplification, and many lawmakers' proposals have discussed the importance of a simpler tax code. I understand that many small businesses and individuals are burdened by the confusing tax code. A 2001 GAO study showed that approximately 510,000 individual taxpayers chose not to itemize, even though they could. When taxpayers are faced with complex and lengthy calculations, individual taxpayers may choose to skip the calculation and forgo tax benefits intended for them, but 510,000 taxpayers is a disgrace. What advice would you give tax writers to reduce the type of controversies that come before the Tax Court?

*Answer.* In fiscal year 2014, more than 50% of Tax Court cases were filed as small tax cases, the vast majority of which by self-represented taxpayers. I believe that simplification of the tax code would make it easier for a great many taxpayers to understand their obligations under the tax code. Such better taxpayer understanding of tax code obligations would result in far fewer tax disputes, especially for small businesses and individuals.

*Question.* As you know, many of us are proud of the PATH Act, which passed at the end of last year, and provided certainty to millions of small businesses and individual taxpayers. Many Nevadans are now on a level playing with other states because of the permanent state and local sales tax deduction. As you are likely aware, a number of provisions were included which directly impacted the Tax Court. Specifically, what are your perspectives on the changes implemented for interest abatement cases if the IRS has failed to issue a final determination?

*Follow-up:* What are your views on the expansion of the number of small tax cases the Tax Court could consider?

*Answer.* It can be a significant burden for a taxpayer, especially an individual or small business, for a claim for interest abatement to remain unresolved for a lengthy period of time. By reason of the change under Section 421 of the PATH Act, a taxpayer that files a claim for interest abatement will have appropriate access to the Tax Court for timely resolution if the IRS fails to issue a final determination. It is likely that the amount of abatement sought in many interest abatement cases will not exceed \$50,000, and the change under Section 422 of the PATH Act allowing the filing of such a case as a small tax case will facilitate an effective means of resolution for those cases that would be more desirable to the taxpayers, especially for those that are self-represented and unsophisticated.

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QUESTIONS SUBMITTED BY HON. MARIA CANTWELL

*Question.* Confirmed Judges to the United States Tax Court are responsible for resolving many complex and difficult tax controversies brought before them. I am sure any business owner would agree that while they would prefer to stay out of tax court all together, if they do end up in a dispute, receiving a timely resolution to their case is essential to the planning and certainty required to run a business.

Unfortunately, I am aware of at least one Washington state business that has seen its case drag on over nine years since their trial in the tax court. This is an unprecedented and unacceptable delay, and this business needs a resolution to this matter, or at the very least, any update on its status.

As Judge for the U.S. Tax Court, how can one ensure that cases are being adjudicated in both a fair and timely manner? Do you see obstacles standing in the way of your ability to render decisions in a timely manner for taxpayers?

Answer. Timely resolution of a Tax Court case is an important part of assuring fair treatment of parties to the controversy. Significantly more time may be necessary for thorough analysis of facts and law in complex controversies than in cases of lesser complexity. If confirmed, I will make every effort and devote such time as may be necessary to adjudicate each case in a fair and timely manner. I do not see any obstacles standing in the way of my ability to render decisions in a timely manner for taxpayers.

*Question.* On December 18, 2015, President Obama signed into law the Protecting Americans from Tax Hikes Act, also referred to as the PATH Act. In addition to its many tax extension provisions it also makes a couple changes within the United States Tax Court Administration. Section 431, *Judicial conduct and disability procedures*, authorizes the Tax Court to establish procedures for the filing of complaints with respect to the conduct of any judge or special trial judge of the Tax Court and for investigation and resolution of such complaints.

Do you see the establishing of a judicial council to review complaints of conduct by judges as a welcome addition to the U.S. Tax Court Administration?

Answer. I believe that for the success of our tax system, it must be fair and it must be perceived by taxpayers as being fair. The procedures authorized under Section 431 of the PATH Act will enhance taxpayer confidence in the Tax Court and further strengthen the Tax Court's fulfillment of its crucial role in assuring that fairness and that perception. Accordingly, I consider those procedures to be a beneficial addition to the U.S. Tax Court Administration.

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QUESTIONS SUBMITTED BY HON. BILL NELSON

*Question.* Please explain your general philosophy about the role of the tax system in society and how you think you could make the system work better as a judge in Tax Court?

Answer. Our federal tax system embodies and facilitates our nation's tax policy and provides the mechanism for the collection of tax revenues that are used to fund important public services such as national defense, health care and social security. As such, our tax system touches each member of our society, whether or not that person pays or is required to pay taxes. It is an integral and crucial part of our society. Accordingly, every member of our society has a stake in the viability of our tax system. Public trust in the tax system is important for its viability. That trust can be weakened for a taxpayer who questions the fairness of the tax system.

If confirmed, I will always strive to adjudicate every case fairly and impartially, treating all parties to the controversy with respect, and reaching a timely decision, to continue in the tradition of the Tax Court to maintain and enhance that public trust.

*Question.* Mr. Stoll, in the questionnaire you submitted to the Committee you listed an article you wrote in 1985, titled "Paying Less Tax on Your Interest Income." Could you briefly summarize the article, explain your motivations behind writing it and advise if you would write the same article today—explaining why or why not?

Answer. The article discussed the tax treatment of different types of interest income. I enjoyed writing articles on legal topics for readers not having a legal background. The article was intended to be an informative article for such readers. It would be a pleasure to write such an informative article today, as I believe that providing information to the public that can facilitate taxpayer understanding of the tax code is important for reducing tax disputes and enhancing the efficiency of our tax system.

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PREPARED STATEMENT OF MARY KATHERINE WAKEFIELD, PH.D., NOMINATED TO BE  
DEPUTY SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chairman Hatch, Senator Wyden, and members of the Committee, thank you for considering and inviting me here today to discuss my nomination to serve as Deputy Secretary of the Department of Health and Human Services.

Each and every day, the Department is working on behalf of the American people. It conducts cutting edge research through the National Institutes of Health. It protects our food and medicine through the Food and Drug Administration. It fights outbreaks of disease at home and abroad through the Centers for Disease Control and Prevention. It supports the health for our nation's children and those in need through human service programs like Head Start.

Internationally, we have worked closely with global leaders to create the systems that will help us prevent and respond quickly to global health threats like Ebola. We have convened leaders from every state, including your home states, to respond to the rise in opioid addiction and overdoses. And we continue to push forward new frontiers in medical science, so that medicines can be delivered precisely tailored to patients' genetic makeup.

Over the past few months, I have been privileged to serve as Acting Deputy Secretary alongside the committed and hard-working employees of the Department. I have seen how the work they do helps to safeguard the health and security of our communities and our nation.

I am honored that President Obama has nominated me to serve as their Deputy Secretary and I am deeply appreciative of this committee's consideration of my nomination. I believe that my commitment to the people that our Department serves, as well as my background and experience have prepared me for this position.

The first steps on my path toward being seated here today began in a small rural Catholic hospital in North Dakota in the early 1970s when I was balancing nurse aide jobs working the night shift in a newborn nursery and an evening shift working in a local nursing home. In those settings I had the opportunity to see nurses, physicians, pharmacists and others helping to improve, and even save, people's lives. I found hometown heroes in those buildings and I was particularly drawn to the impact that nurses had. So, I chose that career path. Over time, I recognized that a nurse can contribute to the care of 2-3 patients working in ICU or to 400,000 or 4 million people by working in health policy and executing health programs as effectively and efficiently and creatively as possible.

While I've worked in urban health care settings, I've always been particularly drawn to the strengths and challenges facing rural health care. Where others might see slow moving backwaters, I saw health care headwaters dotting the rural health landscape—from new and innovative applications of telehealth technology to coordinated, team based care.

These experiences are foundational to how I approach my work today. Even today I maintain my license as a registered nurse, but more importantly I bring a nurse's patient-centered perspective to virtually everything I do. With an eye toward efficiency and innovating, and with every decision made asking myself, first—what difference will this decision make to a patient, a family or a community.

That was true when I had the privilege of working as a Legislative Assistant and Chief of Staff for Senator Burdick from my home state of North Dakota and it was true when I served as Chief of Staff to Senator Kent Conrad, who sat on this Committee and whom I'm privileged to call a friend. Across over eight years on the Hill, particularly when working on rural health issues, I learned some of our best partners sat on both sides of the aisle. I worked with Democrats offices and, I worked alongside of terrific staff supporting Senators Dole, Grassley, McCain and you, Chairman Hatch.

I also brought that patient-centered orientation and knowledge of rural perspective when I served on the Medicare Payment Advisory Committee and when I served on the Institute of Medicine's ground-breaking quality panel. And, for the past 6 years, I've brought this perspective to the job of Administrator of the Health Resources and Services Administration, improving access to health care for millions of Americans through HRSA's community-based and health care workforce programs.

### **The Role of Deputy Secretary**

If confirmed as Deputy Secretary, these experiences will inform both how I approach my work, as well as my focus on performance improvement across our wide breadth of programs. I will work as hard as I possibly can because I know that people depend on what we do and how well we do it. And because I work for a Secretary that is fully dedicated to doing everything she can through the end of this Administration to make our Department stronger and to deliver effectively for the American people.

At HHS, the primary focus of the Deputy Secretary role is to help manage the department's operations from organizational structures to infrastructure to personnel, and to do it with priority focus on effectiveness and efficiency. If confirmed, I will continue to work with senior leaders and front line staff to prioritize data security. I will work to build out strategies that ensure our next generation of senior leaders have the skills and knowledge they need to execute the department's mission. I will make sure that we continue to drive organizational process improvements forward and keep people accountable for measurable performance.

And, I will continue to work to strengthen HHS's culture as a learning organization that constantly works to adopt good ideas—no matter where those ideas are found. The approach that I bring to this role recognizes the value of finding common ground. Those of you who have worked closely with Secretary Burwell know that it is her orientation and it is mine as well. It is in a nurse's DNA to work collaboratively and to address problems fully and quickly. It's in a nurse's DNA to search for and execute on opportunities for performance improvement. If confirmed, that's the same approach I'll bring to my work and to working with you and your colleagues on behalf of the health of the American people. Chairman Hatch and Senator Wyden, thank you again for the opportunity to testify and I look forward to answering your questions.

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**SENATE FINANCE COMMITTEE**  
**STATEMENT OF INFORMATION REQUESTED**  
**OF NOMINEE**

**A. BIOGRAPHICAL INFORMATION**

1. Name (include any former names used): Mary Katherine Wakefield; former: Mary Katherine Wakefield-Fisher.
2. Position to which nominated: Deputy Secretary, U.S. Department of Health and Human Services.
3. Date of nomination: July 9, 2015.
4. Address (list current residence, office, and mailing addresses):
5. Date and place of birth: August 12, 1954, Devils Lake, North Dakota.
6. Marital status (include maiden name of wife or husband's name):
7. Names and ages of children:
8. Education (list secondary and higher education institutions, dates attended, degree received, and date degree granted):  
 Ph.D. The University of Texas at Austin, Austin TX, 1985.  
 M.S.N. The University of Texas at Austin, Austin TX, 1978.  
 B.S.N. The University of Mary, Bismarck, ND, 1976.  
 Other: John F. Kennedy School of Government, Harvard University, Program for Senior Managers in Government; Eastman Kodak Congressional Fellow, Cambridge, MA, Jul.–Aug. 1991.
9. Employment record (list all jobs held since college, including the title or description of job, name of employer, location of work, and dates of employment):  
 Apr. 2015–Present  
 Title: Acting Deputy Secretary  
 Employer: U.S. Department of Health and Human Services  
 Location: Washington, DC  
 Mar. 2009–Apr. 2015  
 Title: Administrator, Health Resources and Services Administration  
 Employer: U.S. Department of Health and Human Services  
 Location: Washington, DC  
 Nov. 2004–Mar. 2009  
 Title: Associate Dean for Rural Health  
 Employer: School of Medicine and Health Sciences, University of North Dakota

Location: Grand Forks, ND  
Dec. 2001–Mar. 2009  
Title: Director, The Center for Rural Health, and Professor, School of Medicine and Health Sciences  
Employer: University of North Dakota  
Location: Grand Forks, ND

May 2002–Mar. 2009  
Title: Adjunct Professor, College of Nursing  
Employer: School of Medicine and Health Sciences, University of North Dakota  
Location: Grand Forks, ND

Jan. 1996–Nov. 2001  
Title: Professor and Director of The Center for Health Policy, Research and Ethics  
Employer: George Mason University  
Location: Fairfax, VA

Jan. 1993–Jan. 1996  
Title: Chief of Staff  
Employer: Senator Kent Conrad (D–ND) United States Senate  
Location: Washington, DC

Sept. 1992–Jan. 1993  
Title: Administrative Assistant  
Employer: Senator Jocelyn Burdick (D–ND) (temporary appointment to Senator Quentin Burdick's seat), United States Senate  
Location: Washington, DC

Jan. 1989–Sept. 1992  
Title: Administrative Assistant  
Employer: Senator Quentin Burdick (D–ND), United States Senate  
Location: Washington, DC

Apr. 1987–Jan. 1989  
Title: Legislative Assistant  
Employer: Senator Quentin Burdick (D–ND), United States Senate  
Location: Washington, DC

Aug. 1985–Apr. 1987  
Title: Associate Professor and Chairperson, Nursing Professionalism and Practice Area  
Employer: University of North Dakota College of Nursing  
Location: Grand Forks, ND

Jan. 1985–May 1986  
Title: Faculty Member  
Employer: University of North Dakota College of Nursing  
Location: Grand Forks, ND

May 1982–Dec. 1983  
Title: Area Coordinator: Foundations of Nursing  
Employer: University of North Dakota College of Nursing  
Location: Grand Forks, ND

Aug. 1979–May 1982  
Title: Faculty: Nursing Options (undergraduate)  
Employer: University of North Dakota College of Nursing  
Location: Grand Forks, ND

Aug. 1979–May 1986  
Title: Staff Nurse, Part-time  
Employer: United Hospital  
Location: Grand Forks, ND

Aug. 1978–Aug. 1979  
Title: Instructor  
Employer: Austin Community College, Brackenridge School of Nursing  
Location: Austin, TX

1977–1978 Fall/Spring Semesters  
Title: Academic Assistant  
Employer: Univ. of Texas at Austin, School of Nursing  
Location: Austin, TX

Aug. 1976–Jul. 1977

Title: Registered Nurse

Employer: United Hospital

Location: Grand Forks, ND (part-time 1977–1985)

May 1975–Aug. 1976

Title: Nurse Assistant, Staff Nurse

Employer: St. Alexius Hospital, Intensive Care Unit

Location: Bismarck, ND

10. Government experience (list any advisory, consultative, honorary, or other part-time service or positions with Federal, State or local governments, other than those listed above):

**International Activities**

Mar. 2014: Site Visits to PEPFAR grantees, Namibia, Botswana, South Africa and Lesotho.

Jul. 2011: Accompanying Secretary Sebelius to meetings on health topics—Kenya and Tanzania.

May 2011: Member of U.S. Delegation, World Health Assembly. Geneva, Switzerland.

May 2010: Member of U.S. Delegation, World Health Assembly. Geneva, Switzerland.

May 2009: Member of U.S. Delegation, World Health Assembly. Geneva, Switzerland.

**Federal Grant Supported Activity:**

- Principal Investigator, Health Workforce Information Center, U.S. DHHS/HRSA (2008).
- Co-Principal Investigator, VISN 23 Veterans Affairs Midwest Rural Health Resource Center, Department of Veterans Affairs, (2008).
- Co-Principal Investigator, Veteran's Affairs Office of Rural Health Policy and Planning Project, Department of Veterans Affairs (2008).
- Principal Investigator, Rural Research to Diverse Audiences, U.S. DHHS/HRSA, (2007).
- Principal Investigator, Building Research Infrastructure and Capacity, U.S. DHHS/AHRQ, (2004).
- Deputy Principal Investigator, Upper Midwest Rural Research Center, U.S. DHHS/HRSA, (2004).
- Principal Investigator, Frontier Definition Project, U.S. DHHS/OAT, (2005).
- Principal Investigator, Rural Assistance Center, U.S. DHHS/HRSA/ORHP (2002–March 2009).
- Principal Investigator, Evidence-Based Safety Standards for Rural Hospitals, U.S. DHHS/HRSA/ORHP, (2003).
- Co-Principal Investigator, Development of a Funding Methodology for the Allocation of Title VIII Funds: Phase II. Report to the Division of Nursing, U.S. DHHS (2002).
- Principal Investigator, U.S. DHHS, HRSA Office of Rural Health Policy, Capitol Area Rural Roundtable grant, 1997–2001.
- Co-Principal Investigator, U.S. DHHS, HRSA, Division of Nursing, (2001).
- Principal Investigator, U.S. DHHS, Bureau of Health Professions, National Center for Health Workforce Information and Analysis (directory and Capitol Hill forum) "Report on the Nation's Workforce," (2001).
- Principal Investigator, U.S. DHHS, Internship Placements and Consultation to the National Practitioner Data Bank, (2000), (1999).
- Co-Principal Investigator, Agency for Healthcare Research and Quality and the Office of Rural Health Policy, U.S. DHHS Rural Research/Policy Summit and Proceedings (2000).
- Principal Investigator, U.S. DHHS, HRSA, Bureau of Health Professions, Healthcare Workforce Capitol Hill Forums, \$50,000 (2000).

**Advisory Committees:**

Mar. 2008: Health Panel Member Rural Policy Research Institute Health Panel Implementing a New USDA Rural Development Program Targeting Small Rural Hospitals and Their Communities. USDA.

2013–2015: Member, Department of Veterans Affairs' Special Advisory Group, Washington, DC.

2005–2009: Member, Department of Veterans Affairs' Special Medical Advisory Group, Washington, DC.

2003–2004: Chair, Committee on the Future of Rural Health Care. Institute of Medicine of the National Academies. Washington, DC.

2002–2004: Member, Department of Veterans Affairs (VA) National Commission on VA Nursing, Washington, DC.

2002–2003: Co-Chair, Committee on the Health Professions Education Summit. Institute of Medicine of the National Academies. Washington, DC.

2000–2003: Member, National Advisory Council, Agency for Healthcare Research and Quality, U.S. DHHS. (Chair, 2002–2003).

1999–2005: Commissioner, Medicare Payment Advisory Commission (MedPAC). Washington, DC.

1999–2003: Member, National Advisory Committee on Rural Health, Office of Rural Health Policy, U.S. DHHS. 2002–2003. Chair, Quality Report Subcommittee.

1998–2000: Member, Committee on Quality of Health Care in America and Chair of the Technical Advisory Panel on Communication of Quality of Care Information. Institute of Medicine, Washington, DC.

1997–1998: Commissioner and Subcommittee Chair, President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Washington, DC. (Presidential Appointment).

11. Business relationships (list all positions held as an officer, director, trustee, partner, proprietor, agent, representative, or consultant of any corporation, company, firm, partnership, other business enterprise, or educational or other institution):

2007–2009: Co-Chair, Nursing Engagement in Performance Measurement and Public Reporting, National Advisory Committee, George Washington University. Funded by the Robert Wood Johnson Foundation.

2006–2008: Member, Hospital Interventions Quality Improvement Organization Support Center Advisory Committee, Stratis Health, MN.

2005–2009: Member, Board of Directors, AcademyHealth, Washington, DC.

2005–2009: Member, Commonwealth Fund Commission on a High-Performance Health System, New York, NY.

2004–2009: Member, Quality Steering Committee, National Rural Health Association, Washington, DC.

2004–2008: Co-Chair, Steering Committee on National Voluntary Consensus Standards for Hospital Performance, National Quality Forum, Washington, DC.

2004–2006: Member, Advisory Board, WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Rural Health Research Center.

2003–2009: Member, Board on Health Care Services. Institute of Medicine of the National Academies, Washington, DC.

2003–2007: Board of Stewardship Trustees, Catholic Health Initiatives and Chair, Committee on Quality, Denver, CO.

2003–2004: Expert Panel member, U.S. DHHS Office of Minority Health. Assessing the Impact on Physician-Patient Communication Barriers on Health Care Costs and Quality, Washington, DC.

2002–2006: Board of Trustees, North Dakota Museum of Art. Grand Forks, ND.

2001–2007: Member, Board of Directors, Citizen Advocacy Center, Washington, DC.

1998–2009: Member, Health Panel to Rural Health Policy Institute (RUPRI). University of Nebraska, Omaha, NE.

12. Memberships (list all memberships and offices held in professional, fraternal, scholarly, civic, business, charitable, and other organizations):

2007–2009: Member, Government Affairs Committee, National Rural Health Association , Washington, DC.

2007–2008: Member, Associate Dean for Research, Search Committee, School of Medicine and Health Sciences.

2007–2008: Member, Vice President for Research, Search Committee, University of North Dakota.

2005–2009: Advisory Board member (Chair), National Partners Investing in Nursing's Future. The Robert Wood Johnson Foundation.

2005–2006: Member, North Dakota Caring Foundation, Inc., Fargo, ND.

2004–2009: Member, Research Council, University of North Dakota.

2004–2007: Member, Committee on Promotion and Tenure, Department of Family Medicine, School of Medicine and Health Sciences.

2004–2005: Faculty Member. Patient Safety and Health Information Technology Annual Meeting. National Organization for Research and Computing (NORC), U.S. DHHS Agency for Healthcare Research and Quality.

2004–2005: Chair, Inter-professional Health Education Task Force, School of Medicine and Health Sciences.

2004: Reviewer. North Dakota Bankers Association Community Service Awards, Bismarck, ND.

2003–2009: Member, Board of Directors. North Dakota Health Care Review, Minot, ND.

2003–2009: Member, Board of Directors, Noridian Mutual (Blue Cross Blue Shield of North Dakota), Fargo, ND.

2003–2005: Member, North Dakota Cancer Coalition, Bismarck, ND.

2003–2005: Member, Statewide Health Planning Executive Committee, Bismarck, ND.

2003–2005: Chair, Long Term Care Advisory Committee, North Dakota Department of Health, Bismarck, ND.

2003–2005: Member, Executive and Policy Committees, Building a Healthy North Dakota Initiative, Bismarck, ND.

2003: Reviewer, Canadian Health Services Research Foundation, Ottawa, Ontario, Canada.

2003–2004: Chair, Committee on the Future of Rural Health Care. Institute of Medicine of the National Academies. Washington, DC.

2002–2009: Editorial Board, Annals of Family Medicine.

2002–2006: Editorial Advisory Board, Health Care Discussions, Noridian, Blue Cross Blue Shield of North Dakota.

2002–2003: Member, Advisory Board. "Closing the Gap: Partnership for Change." American College of Physicians/American Society Internal Medicine.

2002–2003: Co-Chair, Committee on the Health Professions Education Summit. Institute of Medicine, Washington, DC.

2002–2003: Member, Subcommittee on Community Effects of the Uninsured. Institute of Medicine, Washington, DC.

2002: Member, Planning Committee, Patient Safety Curriculum Conference, Dartmouth College, Hanover, NH.

2001–Pres.: International Rotary.

2001–2009: Reviewer, Journal of Rural Health.

2001–2007: Editorial Board, Journal of Rural Health.

2001–2003: Publication Advisory Committee, American Academy of Nursing.

2001–2003: Member, Advisory Committee. Center of Excellence in Rural and Minority Health. Voorhees College. Denmark, SC.

2000–2009: Editorial Board, Policy, Politics and Nursing Practice.

2000–2006: Peer Review Panel Member for International Nursing Review, Journal of the International Council of Nursing. Geneva, Switzerland.

2000–2002: Co-Chair, Steering Committee on Hospital Performance Measures. The National Quality Forum for Health Care Quality Measurement and Reporting (NQF). Washington, DC.

2000–2003: Member, Patient Safety Improvement Corps National Advisory Committee. Research Triangle Institute University of North Carolina.

2000–2001: Subcommittee Chair, External Community Subcommittee University Accreditation Self Study, George Mason University, Fairfax, VA.

2000–2001: Member, Planning Committee. Initiative for Improvement in Safety Net Organizations, Institute for Healthcare Improvement (IHI), The Robert Wood Johnson Foundation.

2000: Member, Awards Committee for the Patient Safety Initiative 2000: Spotlighting Strategies, Sharing Solutions. National Patient Safety Foundation.

1999–2000: Chair, Promotion, Tenure and Review Committee, College of Nursing and Health Science, George Mason University. Fairfax, VA.

1999: Chair, Planning Committee. Shaping Health Policy: Improving the Quality of Our Nation's Health. American Academy of Nursing Annual National Conference. Arlington, VA.

1998–2000: Member, Committee on Quality of Health Care in America and Chair of the Technical Advisory Panel on Communication of Quality of Care Information. Institute of Medicine, Washington, DC.

1998–1999: Member, Public Policy Advisory Committee to the Provost, George Mason University, Fairfax, VA

1998: Member, Blue Sky Planning Task Force. Evangelical Lutheran Good Samaritan Society. Sioux Falls, SD.

1996–1997: Member, Joint Working Group on Telemedicine. Federal Interagency Task Force. Washington, DC.

1995–1996: The Fund for Nursing Excellence Advisory Committee. Fairfax Hospital, Fairfax, VA.

1997–2004: Advisory Board Member. Walsh Center for Rural Health Analysis. Project Hope. Bethesda, MD.

1997–1999: Member, Advisory Group to the Progressive Policy Institute's Health Priorities Project. Washington, DC.

1997–2006: Peer Review Panel, Nursing Outlook.

1994–1996: Editorial Board Member, Nursing Policy Forum.

1996–2009: Member, National Rural Health Association.

1990–2009: Editorial Board, Nursing Economics.

1990: Reviewer for 45 private colleges for the Consolidated Natural Gas Company Foundation Awards For Excellence in Education, Washington, DC.

1988–1993: Editorial Review Board, Journal Nursing and Health Care.

1988–1992: Editorial Board, Journal of Rural Health.

1986: Editorial Board, Nursing Success Today.

1986–1987: Vice President, Board of Directors, LISTEN Drop In Center for Mentally Handicapped Adults, Grand Forks, ND.

1985–1987: Chair, Bylaws Committee (Eta Upsilon Chapter) Sigma Theta Tau.

1985–Pres.: Sigma Theta Tau, The International Nursing Research Society, Member.

1980–Pres.: Member, Sigma Xi, The Scientific Research Society.

1989–1998: National League for Nursing, Member.

1995–1998: Board of Governors, National League for Nursing.

1991–1993: Board of Governors, National League for Nursing.

1991–1992: Chair, Public Policy Committee, National League for Nursing.

1989–1991: Member, Executive Committee for the Council for the Society for Research in Nursing Education.

1977–Pres.: Member, American Nurses' Association.

1998–1990: ANA–PAC Long Range Planning Task Force, American Nurses Association.

1985–1986: Member, ANA Committee on Credentials, American Nurses Association.

1977–Pres.: Member, North Dakota Nurses' Association.

1985–1986: Member, Government Relations Committee, North Dakota Nurses Association.

1985–1986: Chair, Committee on Nominations, North Dakota Nurses Association.

1977–Pres.: Member, Red River Valley District Nurses' Association.

2004: Member, Annual Convention Program Planning Committee, Red River Valley District Nurses' Association.

1987: Member, Nominating Committee, Red River Valley District Nurses' Association.

1985–1986: Member, Government Relations Committee.

1982–1983: President, Red River Valley District Nurses Association.

13. Political affiliations and activities:

- List all public offices for which you have been a candidate.  
None.
- List all memberships and offices held in and services rendered to all political parties or election committees during the last 10 years.  
2005–2009 Century Club Member, North Dakota Dem NPL Party.  
2003–2009 Vice Chair, North Dakota Dem NPL Party.
- Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of \$50 or more for the past 10 years.

North Dakota Democratic-Nonpartisan League Party, 12/21/2006, \$1,000.00.  
North Dakota Democratic-Nonpartisan League Party, 11/01/2005, \$1,000.00.  
North Dakota Democratic-Nonpartisan League Party, 11/01/2005, \$1,000.00.

American Nurses Association PAC, 02/08/2006, \$500.00.

American Nurses Association PAC, 08/29/2005, \$500.00.

American Nurses Association PAC, 07/13/2005, \$500.00.

American Nurses Association PAC, 07/13/2005, \$500.00. (This appears twice on FEC report date 07/13/2005 subtracted 08/29/2005.)

American Nurses Association PAC, 1/2008, \$150.00.

Roger Johnson, Ag Commissioner, ND 2006, \$850.

Brent Edison, Tax Commissioner, ND 2006, \$250.

Kristin Hedger, Sec of State, ND 2006, \$375.

Tim Matherne and Merle Boucher, Gov/Lt. Gov., ND 2008, \$250.

Jasper Schneider, Insurance Commissioner, ND 2008, \$245.

Gause for House, 6/13/06, \$65.00.

Jamie Selzler for House, 7/23/06, \$70.00.

C. Bergian for PSC, 6/23/06, \$75.00.

District 15 Joe Lawson, 7/25/06, \$200.00.

District 43 Democratic NPL, 9/16/06, \$100.00.

Potter for House, 9/27/06, \$100.00.

Bergian for PSC, 9/29/06, \$50.00

Preston for Mayor, 12/26/05, \$225.00.

Cass County Democrats, 4/2/06, \$370.00

District 17 ND-NPL, 1/23/08, \$56.00

14. Honors and Awards (list all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievement):

Jul. 2014: Victor I. Howery Memorial Award for Outstanding Contributions to Rural Mental Health, National Association for Rural Mental Health, Washington, DC.

May 2014: Joseph F. Boyle Award for Distinguished Public Service, The American College of Physicians, Washington, DC.

Apr. 2014: Lifetime Achievement Award, The National Organization of Nurse Practitioner Faculties, Denver, CO.

May 2013: Inducted into the Professional Committee Nursing Hall of Fame, Altru Hospital, Grand Forks, ND.

May 2013: Outstanding Graduate School Alumnus, The University of Texas at Austin, Austin, TX.

2013, 2010: Named One of the Top 100 Most Influential People in Health Care by Modern Health Care.

2013, 2011, 2009: Named One of the Top 25 Women in Health Care by Modern Health Care.

Apr. 2013: Founder's Excellence Award, Blacks In Government, Parklawn Chapter, Rockville, MD.

Sept. 2012: Federal Policy Leadership Award, Healthcare Information and Management Systems Society, Washington, DC.

May 2012: Honorary Degree of Letters, University of North Dakota, Grand Forks, ND.

May 2012: Honorary Degree of Humane Letters, State University of New York, Binghamton, NY.

Mar. 2012: Interdisciplinary Creativity in Practice and Education Award. National Academies of Practice, Arlington, VA.

Jun. 2011: Director's Special Recognition Award, Indian Health Service, Washington, DC.

2011: Honorary Doctorate of Science, Thomas Jefferson University, Philadelphia, PA.

Oct. 2009: Policy Luminary Award, American Association of Colleges of Nurses, Washington, DC.

Apr. 2009: William D. Miller Award, The American Association of Colleges of Osteopathic Medicine Board of Deans, Washington, DC.

Mar. 2009: Certificate of Appreciation. Department of Veterans Affairs, Washington, DC.

Dec. 2008: Margaret D. Sovie Writer's Award. Nursing Economics, Scottsdale, AZ.

Nov. 2006: Schafer Excellence in Health Care Award. University of Mary, Bismarck, ND.

Spring 2006: Nurse Researcher Award, American Organization of Nurse Executives, Washington, DC.

Oct. 2004: Inducted into Institute of Medicine of the National Academies. Washington, DC.

Nov. 2002: National Associate Member, National Academies of Science. Washington, DC.

Oct. 2000: Annual John P. McGovern Lectureship Award, American Association of Colleges of Nursing, Washington, DC.

Sept. 2000: Honorary Member, Emergency Nurses' Association. Chicago, IL.

Apr. 1999: Special Recognition Award, National Rural Health Association, Washington, DC.

Jan. 1999: Nurses Hall of Fame. North Dakota State Nurses Association. Bismarck, ND.

Mar. 1998: Epsilon Zeta Chapter Board of Directors Award for Excellence, Sigma Theta Tau International. Fairfax, VA.

Jun. 1998: Barbara Curtis National Public Health Policy Award, American Nurses Association. San Diego, CA.

Jan. 1996: Honorary Member, North Dakota Hospital Association.

1994: Inez Hinsvark Founders Award. Med Center One, School of Nursing. Bismarck, ND.

1994: Annual Public Policy Award. National League for Nursing. Los Angeles, CA.

1994: North Dakota State Nurses' Association Honorary Recognition Award. Bismarck, ND.

1991: Honorary Member, Philippine Nurses' Association of Metropolitan DC, Washington, DC.

Fall 1990: Inducted, Fellow in the American Academy of Nursing, Washington, DC.

Fall 1990: Inducted into the National Academies of Practice, Washington, DC.

May 1990: Annual President's Award. The National Rural Health Association, Washington, DC.

May 1989: Outstanding Alumni of the Year, School of Nursing, University of Texas at Austin. Austin, TX.

Oct. 1988: Outstanding Alumni of the Year, University of Mary, Bismarck, ND.

1980, 1981: Outstanding Instructor Award presented by the U.S. Air Force. University of North Dakota, College of Nursing. Grand Forks, ND.

15. Published writings (list the titles, publishers, and dates of all books, articles, reports, or other published materials you have written):

Wakefield, M. (2014) Improving the Health of the Nation: HRSA's Mission to Achieve Health Equity. *Public Health Reports*, 2014 Jan–Feb; 129 Suppl 2:3–4.

Wakefield, M.K., Sheldon, G.H. (2013) Special Supplement on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Foreword. *Pediatrics* 132 Suppl 2:S57–8.

Wakefield, M.K., (Jan. 25, 2012) U.S. Medicine, Providing Quality Care to Underserved Families and Communities.

Wakefield, M. (September 2010) Nurses and the Affordable Care Act. *American Journal of Nursing* 110(9):11.

Tupper, J., Coburn, A., Loux, S., Moscovice, I., Klingner, J., and Wakefield, M. (2008) Strategies for Improving Patient Safety in Small Rural Hospitals. In: Henriksen K., Battles J.S., Keyes M.A., Grady M.L., editors. *Advances in Patient Safety: New Directions and Alternative Approaches* (Vol. 2: Culture and Redesign). Rockville, MD: Agency for Healthcare Research and Quality.

McBride, T., Coburn, A., MacKinney, C., Mueller, K., Slifkin, B., and Wakefield, M. (2008) Bridging Health Research and Policy: Effective Dissemination Strategies. *Journal of Public Health Management Practice* 14(2):150–4.

Wakefield, M. (2008) Third Edition. Chapter 3: Government Response: Legislation, Health Policy and Politics—A Nurses Guide, 65–89. Sudbury, MA, Jones and Bartlett Publishers.

Wakefield, M. (2008) Chapter 4: The Quality Chasm Series: Implications for Nursing in Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rhonda Hughes (Ed.), AHRQ publication No. 08-0043, on line [http://www.ahrq.gov/qual/nurseshdbk/docs/WakefieldM\\_QCSIN.pdf](http://www.ahrq.gov/qual/nurseshdbk/docs/WakefieldM_QCSIN.pdf).

Wakefield, M., (Aug. 1990–2008) Health Policy and Politics Column for Nursing Economics.

Wakefield, M. (Jun. 2008) Envisioning and implementing new directions for health care. *Dermatology Nursing* 20(3):206–8.

Wakefield, M. (Jan.–Feb. 2008) Envisioning and implementing new directions for health care. *Nursing Economics* 26(1):49–51.

Wakefield, M. (Sept.–Oct. 2006) A rural healthcare quality agenda. *Journal for Healthcare Quality* 28(5):2, 57.

Wakefield, M. (Sept.–Oct. 2006) High-performance health care: How do we get there? *Nursing Economics* 24(5):265–7.

Wakefield, M., Gibbens, B. (Feb. 2006) Access to Health Care for Rural America: Why it Matters. Electronic publication—website: [www.aroundthekitchen-table.org](http://www.aroundthekitchen-table.org), issue 14.

Casey, M., Wakefield, M., Coburn, A., Moscovice, I., and Loux S., (2006) Prioritizing Patient Safety Interventions in Small Rural Hospitals. *Joint Commission Journal on Quality and Patient Safety* 32(12):693–702.

Wakefield, M. (Fall 2005) In Search of a Reason to Influence Health Policy. *Journal of Forensic Nursing* 1(3):136–8.

Wakefield, M. (Jan.–Feb. 2005) Health Care Quality in Rural America: What's in it for Nurses? *Nursing Economics* 23(1):36–8.

Mueller, K.J., Coburn, A.F., MacKinney, A.C., McBride, T.D., Slifkin, R.T., Wakefield, M. (Summer 2005) Understanding the impact of the Medicare Modernization Act: Concerns of Congressional Staff. *Journal of Rural Health* 21(3):194–7.

Burstin, H. and Wakefield, M. (2004) The Importance of Safety and Quality in Rural America. *Journal of Rural Health* 20(4):301–3.

Coburn, A.F., Wakefield, M., Casey, M., Moscovice, I., Payne, S., Loux, S. (2004) Assuring Rural Hospital Patient Safety: What Should be the Priorities? *The Journal of Rural Health* 20(4):314–26.

Wakefield, M. (2004) Second Edition. Chapter 3: Government Response: Legislation, Health Policy and Politics—A Nurse's Guide, 67–88. Jeri A. Milstead (Ed.), Sudbury, MA, Jones and Bartlett Publishers.

Calico, F.W., Dillard C.D., Moscovice, I., Wakefield, M. (Summer 2003) A Framework and Action Agenda for Quality Improvement in Rural Health Care. *Journal of Rural Health* 19(3):226–32.

Wakefield, M. (Jan.–Feb. 2003) Health Care Policy or Politics—Which Prevails in 2003? *Nursing Economics* 21(1):47–8.

DeLeon, P., Wakefield, M., and Hagglund, C. (2003) Into the Twenty-First Century. *Rural Behavioral Health Care: An Interdisciplinary Handbook*. B.H. Stamm (Ed.), Washington, DC: APA Books.

Wakefield, M. (Fourth Quarter 2002) What Would Florence Do? Reflections on Nursing Leadership, 12–16.

Wakefield, M. (Sept.–Oct. 2002) Turning up the Volume to Battle Chronic Disease. *Nursing Economics* 20(5):229–31.

Wakefield, M. (Spring 2002). Reducing Medical Errors. *North Dakota Family Practice Quarterly*.

Wakefield, M. (Jan. 2002). Patient Safety and Medical Errors: Implications for Rural Health Care. *The Journal of Legal Medicine* 23:43–56.

Phillips, R.L. Jr., Harper, D.C., Wakefield, M., Green, L.A., and Fryer, G.E. Jr. (2002) Can Nurse Practitioners and Physicians Beat Parochialism into Plowshares? *Health Affairs* 21(5):133–42.

Wakefield, M., Gardner, D., and Guillet, S. (2002) Fourth Edition. *Contemporary Issues in Government. Policy and Politics in Nursing and Health Care*. Mason, D., Leavitt, J., and Chaffee M. (Eds). Philadelphia: W.B. Saunders Company, 421–442.

Loop, F.D., Fishleder, A.J., Nelson, A.R., Wakefield, M., Johnson, S., Lewers, D.T. (Jul.–Aug. 2001) More Debate on Paying for GME. *Health Affairs* (Millwood) 20(4):254–7.

Wakefield, M. (Jul.–Aug. 2001) Linking Health Policy to Nursing and Health Care Scholarship: Points to Consider. *Nursing Outlook* 49(4):204–205.

Wakefield, M. (2001) The Relationship Between Quality and Patient Safety. *Lessons in Patient Safety: A Primer*. Zipper and Cushman (Eds). Chicago, IL: National Patient Safety Foundation, 15–19.

Wakefield, M. (May 2001) Medicare at the Crossroads. *Policy, Politics and Nursing Practice* 2(2):98–102.

Maddox, P.J. and Wakefield, M. (Jan.–Feb. 2001) Patient Safety and the Need for Professional and Educational Change. *Nursing Outlook* 49(1):8–13.

Heinrich, J. and Wakefield, M. (2001) *Federal Health Policy: Issues for the Nursing Profession in the 21st Century*. The Nursing Profession. Norma L. Chaska (Ed.). Thousand Oaks, CA: Sage Publications.

Gebbie, K., Wakefield, M., and Kerfoot, K. (Third Quarter 2000) Nursing and Health Policy. *Journal of Nursing Scholarship* 32(3):307–15.

Wakefield, M. (Sept.–Oct. 2000) Research Urgently Needed on Mistakes in Outpatient Settings. *The Voice of Ambulatory Care Nursing* 22(5):3–4.

IOM Committee on Quality of Healthcare in America (Oct. 2000) The Institute of Medicine Report on Medical Errors: Misunderstanding Can Do Harm. *Medscape General Medicine* (electronic journal).

Wakefield, M. and DeLeon, P. (Jun. 2000). To Err is Human: An Institute of Medicine Report. *Professional Psychology: Research and Practice* 31(3):243–4.

Council on Graduate Medical Education and National Advisory Council on Nurse Practice. (Apr. 2000) Collaborative Education to Ensure Patient Safety. U.S. DHHS/HRSA.

Wakefield, M., and Maddox, P.J. (Apr. 2000) Patient Quality and Safety Problems in the U.S. Health Care System: Challenges for Nursing. *Nursing Economics* 18:58–62.

Wakefield, M. (Jan.–Dec. 1999). Columnist, “Public Policy,” *Journal of Professional Nursing*, American Association of Colleges on Nursing. Philadelphia, PA, W.B. Saunders Co. 15(6):329.

Wakefield, M. (1999) Government Response: Legislation. *Health Policy and Politics*. Chapter 3, 77–104. Milstead (Ed.). Gaithersburg, MD: Aspen Publishers.

Wakefield, M. (1999) Nursing’s Future in Health Care Policy. *Creating Nursing’s Future: Issues, Opportunities, and Challenges*. Eleanor J. Sullivan (Ed.). St. Louis, MO: Mosby.

Wakefield, M., Gardner, D., Guillet, S. (1998) Third Edition. *Contemporary Issues in Government. Policy and Politics in Nursing*. Chapter 21. Mason, D. and Leavitt, J. (Eds.). Philadelphia: W.B Saunders Co.

Wakefield, M. (Mar.–May 1997) A Capital Experience. *ND Nurses Association Prairie Rose*, 66(1 Suppl):9a–11a.

Wakefield, M. (Jun. 1996). Federal Health Initiatives: A Status Report. *Dermatology Nursing* 8(3):199–200.

Wakefield, M. (May–Jun. 1995). Medicaid Block Grants: A New Beginning or the End of an Era? *Nursing Policy Forum*.

Bocchino, C.A., Wakefield, M. (Jun. 1993) Options and Opinions Offered for Financing Health Care Reform. *Medsurg Nursing* 2(3):241–2.

Wakefield, M. (Winter Edition, 1992). A Blueprint for Health Care Reform: The Clinton Plan. *Connections*. Publication of the NLN Council for Nursing Practice. New York.

Wakefield, M. (1992). Contemporary Issues in Government. Chapter in *Policy and Politics in Nursing*. Eds. D. Mason, S. Talbott and J. Leavitt. W.B. Saunders Co.

Wakefield, M. (Jun.–Aug. 1992) Sounding a Political Call to Arms. *ND Nurses Association Prairie Rose*, 61(2):1, 6–9.

DeLeon, P., Wedding, D., Wakefield, M., VandenBos, G. (Apr. 1992). Medicaid Policy—Psychology's Overlooked Agenda. *Professional Psychology: Research and Practice* 23(2):96–107.

Sharp, N., Biggs, S., Wakefield, M. (Jan.–Feb., 1991). Public Policy: New Opportunities for Nurses, *Nursing and Health Care*. 12(1):16–22.

Wakefield, M. (1991). Contributing Ed. for *The Best of Nursing Economics*. Pitman, NJ: Anthony Janetti, Inc.

DeLeon, P., Wakefield, M., VandenBos, G. (1990). Chapter in *Sociocultural and Service Issues in Working With Rural Clients*. S.J. Jones (Ed.), Nelson A. Rockefeller College of Public Affairs and Policy, University of Albany, State University of New York.

Wakefield, M. (Mar.–Apr. 1990). Rural Health Care: A View From the Nation's Capitol. *Nursing Economics*, 8(2):83–9.

Wakefield, M. (1990). The Nursing Profession and Federal Health Policy: A View From Within. *The Nursing Profession: Turning Points*, Chapter 6. N. Chaska (Ed.). St. Louis, MO: The C.V. Mosby Co.

Wakefield, M. (Fall 1989). Politics and Public Policy. *ANA Network News*. Washington, DC.

Wakefield, M. (Nov. 1989). Health Care for Rural America: Long on Challenges. Short on Promises. *Journal of the American Academy of Nurse Practitioners* 1(3):101–102.

DeLeon, P., Wakefield, M., Schultz, A., Williams, J., VandenBos, G. (Oct. 1989). Rural America: Unique Opportunities for Health Care Delivery and Health Services Research. *American Psychologist* 44(10):1298–1306.

Wakefield, M. (Nov. 1989) Health Care for Rural America. *American Association of Colleges of Nursing Newsletter*.

Wakefield, M. (Jan. 1989). Congress Needs to Hear Nursing's Views. Invited Editorial for *The American Nurse*, 21(1):8. Kansas City, MO: American Nurses' Association 21(1)8.

Wakefield-Fisher, M. and Frank, B. (1988). Administrative Leadership and Faculty Scholarly Productivity: Research on Nursing Faculty and Deans. Chapter in *The Second Annual Review of Research in Nursing Education*. W. Holzemer (Ed.). New York: National League for Nursing (15–2219):57–84.

Wakefield-Fisher, M. (Nov. 1987). Balancing Wishes with Wisdom: Sustaining Infant Life. *Nursing and Health Care* 8(9):516–20.

Wakefield-Fisher, M. (May 1987). Periodic column titled *Nursing's Connection on Capitol Hill*. The North Dakota Nurses' Association publication, *The Prairie Rose*. Bismarck, ND.

Wakefield-Fisher, M. (May–Jun., 1987). The Relationship Between Professionalization of Nursing Faculty, Leadership Styles of Deans, and Faculty Scholarly Productivity. *The Journal of Professional Nursing* 3(3): 155–64.

Wakefield-Fisher, M. (Feb. 1987). Reorganization of an Academic Unit: Practical Application of Theoretical Concepts. *Issues in Higher Education Conference. Proceedings from the Fourth Annual Conference on Academic Chairpersons: Organizational Structure, Change, and Development*. Orlando, FL. Published by Kansas State University.

Wakefield-Fisher, M., Wright, M. and Kraft, L. (Mar. 1986). North Dakota and Entry into Practice: A First for the Nation. *Nursing and Health Care* 7(3): 134–41.

Wakefield-Fisher, M. (Mar. 1986). Women in Administration in Nursing Education and Practice: Factors Underlying Performance. *Nursing Success Today* 3(3):3–8.

Wakefield-Fisher, M. (Mar. 1986). Evaluation of Nursing Textbooks: A Comprehensive Approach. *Nursing Outlook* 34(2):72–3, 98.

Wakefield-Fisher, M. (Feb. 1985). Locus of Decision Making in Schools of Nursing. *Journal of Nursing Education* 24(2):82–4.

Wakefield-Fisher, M. (May 1983). The Issue: Faculty Practice. *Journal of Nursing Education* 22(5):207–10.

Wakefield-Fisher, M. (Mar. 1982). The Role of the Professional Nurse: Conflicting Perspectives. In O'Donnell, S. and Schaver, B. (Eds.) *Women's Scholarship: Curriculum Handbook*. Grand Forks, ND: The University of North Dakota Press.

Wakefield-Fisher, M. (Mar. 1981). North Dakota Nurses: A Position of Influence. *The Prairie Rose*. North Dakota Nurses' Association, Bismarck, ND.

**Blogs:**

2/13/2015 Blog post HHS.gov Celebrate National Donor Day <http://www.hhs.gov/blog/authors/marv-k-wakefield>.

5/6/2015 Blog post HHS.gov Recognizing our Nation's Nurses <http://www.hhs.gov/blog/2015/05/06/recognizing-our-nations-nurses.html>.

11/14/2014 Blog post HHS.gov HRSA Administrator Rockin' Enrollin' <http://www.hhs.gov/blog/2014/11/14/hrsa-administrator-rockin-enrollin.html>.

10/22/2014 Blog post StopBullying.gov Blog Bullying Prevention in 2014: HRSA's Perspective <http://www.stopbullying.gov/blog/2014/10/22/bullying-prevention-2014-hrsas-perspective>.

10/22/2014 Blog post StopBullying.gov Prevention in 2014: HRSA Perspective <http://espanol.stopbullying.gov/blog/2014/10/22/bullying-prevention-2014-hrsas-perspective> (Spanish version).

10/9/2014 Blog post HHS.gov Blog National Health Service Corps strengthens primary care workforce <http://www.hhs.gov/healthcare/facts/blog/2014/07/hrsa-awards-aca-funds-to-expand-mental-health-services.html>.

8/11/2014 Blog post HHS.gov Blog Celebrating America's Health Centers <http://www.hhs.gov/healthcare/facts/blog/2014/08/celebrating-americas-health-centers.html>.

7/31/2014 Blog post HHS.gov Blog HHS Awards \$54.6 Million in Affordable Care Act Funds to Expand Mental Health Services <http://www.hhs.gov/healthcare/facts/blog/2014/07/hrsa-awards-aca-funds-to-expand-mental-health-services.html>.

6/3/2014 Blog post HHS.gov Blog Affordable Care Act Funds to Expand Services at the Nation's Community Health Centers <http://www.hhs.gov/healthcare/facts/blog/2014/06/expand-services-at-community-health-centers.html>.

5/6/2014 Blog post RWJF The Nursing Profession: A Platform for Leadership [http://www.rwjf.org/en/culture-of-health/2014/05/the\\_nursing\\_profession.html](http://www.rwjf.org/en/culture-of-health/2014/05/the_nursing_profession.html).

3/4/2014 Blog post MentalHealth.gov Integrating Behavioral Health Care in Health Centers <http://www.mentalhealth.gov/blog/2014/03/behavioral-health-care-in-health-centers.html>.

4/5/2012 Blog post Blog Her Stop Bullying: A Call to Action <http://www.blogher.com/stop-bullying-call-action>.

7/9/2010 Blog post AIDS.gov Blog HHS reallocates \$25 million to extend care to people on ADAP waiting list <https://blog.aids.gov/2010/07/hhs-reallocates-25-million-to-extend-care-to-people-on-adap-waiting-list.html>.

6/18/2010 Blog post White House Blog Building a Stronger Health Care Workforce <https://www.whitehouse.gov/blog/2010/06/18/building-a-stronger-health-care-workforce>.

2/11/2010 Blog post AIDS.gov Blog Responding to concerns over Ryan White Emergency Housing Policy <https://blog.aids.gov/2010/02/responding-to-concerns-over-ryan-white-emergency-housing-policy.html>.

16. Speeches (list all formal speeches you have delivered during the past five years which are on topics relevant to the position for which you have been nominated; provide the Committee with two copies of each formal speech):

**2015**

Valley Community Health Center; January 16, 2015.  
Friends of HRSA; February 3, 2015.  
National Rural Health Association; February 3, 2015.  
Association of State and Territorial Health Officials; March 4, 2015.  
National Association of Community Health Centers; March 20, 2015.  
Catholic Medical Mission Board; Monday, March 23, 2015.  
Native Youth Community of Care Conference; March 28, 2015.  
American Organization of Nurse Executives, April 16, 2015.  
Aspen Institute's 50th Anniversary of Medicare/Medicaid, April 15, 2015.  
Advisory Council on Alzheimer's Research, Care and Services/White House Conference on Aging Joint Meeting, April 28, 2015.

**2014**

National Nurses Conference Call; January 23, 2014.  
Association of Maternal and Child Health Programs; January 27, 2014.  
Rural Policy Institute; February 4, 2014.  
National Black Nurses Association; February 6, 2014.  
White House ACA Conference; February 11, 2014.  
Health Center Allies; February 20, 2014.  
Tribal Conference; February 24, 2014.  
National Organization of Nurse Practitioner Faculties; March 10, 2014.  
Friends of HRSA; March 12, 2014.  
Primary Care Workshop; March 12, 2014.  
Project VIDA Health Center; March 20, 2014.  
National Association of Community Health Centers; March 21, 2014.  
Florida Blue Foundation; April 23, 2014.  
RWJ Foundation; April 28, 2014.  
Tribal Self-Governance Panel Discussion; May 6, 2014.  
Nursing Stakeholders Meeting; May 9, 2014.  
American Indian Nursing in North Dakota Conference; May 20, 2014.  
American College of Physicians; May 22, 2014.  
Graduate Nursing Education Event; May 27, 2015.  
Pediatric Webcast; June 4, 2014.  
American Association of Pediatrics; June 16, 2014.  
American Association of Nurse Practitioners; June 18, 2014.  
Grantee Webinar; June 24, 2014.  
Advisory Committee; July 9, 2014.  
International Rural health and Rural Nursing Research Conference; July 14, 2014.  
Awards Ceremony; July 18, 2014.  
Emergency Medical Services for Children Program Meeting; July 30, 2014.

Press Conference, July 31, 2014.

National Primary Oral Health Conference; August 18, 2014.

State Primary Care Officials; August 5, 2014.

National Association of Hispanic Nurses; August 22, 2014.

National Indian Health Board Conference; September 9, 2015.

National Advisory Council for Nursing Association and Practice; November 5, 2014.

Native Youth Conference; November 10, 2014.

Panel Audience; November 13, 2014.

Civic and Public Health Officials; November 13, 2014.

HRSA Honors Ceremony; November 18, 2014.

American Public Health Association; November 19, 2014.

Student Assembly; November 19, 2014.

National Rural Health Day; November 20, 2014.

National Health Law Program; December 8, 2014.

**2013**

40th Annual Arizona Rural Health Conference, August 21, 2013.

Advisory Committee on Training in Primary Care Medicine and Dentistry; May 20, 2013.

American Association of Colleges of Nursing Graduate Nursing Student Academy, February 25, 2013.

American Association of Nurse Practitioners, September 13, 2013.

American Health Quality Association; February 27, 2013.

American Federation of Teachers Healthcare Union; April 27, 2013.

American Telemedicine Association, June 27, 2013.

ACA and Asian Americans and Pacific Islanders, October 23, 2013.

Association of Nurses in AIDS Care, November 23, 2013.

Association of Maternal and Child Health Programs, February 12, 2013.

Friends of HRSA for Thursday, April 11, 2013.

Annual Conference of the Georgia Association for Primary Health Care, October 2, 2013.

Phoenix Health Center; Tuesday, August 20, 2013.

Press call for new ACA awards, December 10, 2013.

Press call for new ACA awards, July 10, 2013.

Webcast to HRSA Grantees, June 24, 2013.

HRSA/SAMHSA Forum for Stakeholder Sharing on The Behavioral Health Workforce in a Changing Health Care System, September 9, 2013.

Webcast to tribes applying for HRSA grants, August 15, 2013.

U.S.-Mexico Binational Health Week; October 1, 2013.

Minnesota Department of Health, March 6, 2013.

2013 National HBCU Week Conference, September 27, 2013.

Public health stakeholders in Muskegon, Michigan, April 11, 2013.

National Advisory Council on Nurse Education and Practice, January 31, 2013.

National Association of Community Health Centers, March 22, 2013.

National Critical Access Hospital (CAH) Conference, June 5, 2013.

National Indian Health Board's Consumer Conference, August 27, 2013.

National Rural Health Association, February 4, 2013.

Live video feed, Northeast Ohio Medical University, June 3, 2013.

Video Remarks to a Nurses Week Symposium, May 10, 2013.

Secretary's Advisory Committee on Infant Mortality, April 24, 2013.

Federal Plenary Session of the 25TH Conference of Safe Kids, Worldwide; June 21, 2013.

Panel on "Current and Planned STEM Programs: Challenges and Opportunities for Diversity in Health Professions Workforce," November 25, 2013.

Uniformed Services University of the Health Sciences, Graduate School of Nursing, October 29, 2013.

Virginia Nurses' Association (video remarks), September 10, 2013.

"Helping Veterans Become Physicians Assistants" webinar; November 20, 2013.

White House Education Stakeholders Event, September 19, 2013.

World AIDS Day 2013, December 4, 2013.

**2012**

White House ACA "Champions for Change" Panel Discussion, March 21, 2012.

Wisconsin Women's Webinar, March 20, 2012.

Baltimore Medical System, Inc., March 30, 2012.

White House Community Health Center Town Hall; May 24, 2012.

Binghamton University Harpur College of Arts and Sciences commencement, May 20, 2012.

University of North Dakota Commencement, May 15, 2012.

CHG week: Community Health Centers—March 23, 2012 address.

Friends of HRSA; February 28, 2012: Friends of HRSA—reading version.

National Primary Care Conference on Aging; April 30, 2012.

Community of Hope health center, July 26, 2012.

Health Center Week TeleTown Hall; August 6, 2012.

National Association of Community Health Centers, March 23, 2012.

Whittier Street Health Center; February 6, 2012.

National Primary Care Faculty Development Initiative; January 13, 2012.

Healthcare Information and Management Systems Society, September 12, 2012.

Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, January 26, 2012.

Annual Research Symposium, Hispanic-Serving Health Professions Schools, August 17 2012.

Health Policy Briefing for the League of United Latin American Citizens, October 3, 2012.

2012 Interagency World AIDS Day Observance; December 6, 2012.

HRSA "Tribal Listening Session," September 24, 2012.

University of Southern California/UCLA Inter-Professional Education Conference; October 10, 2012.

IOM Committee on Governance and Financing of Graduate Medical Education, September 4, 2012.

IOM workshop on telehealth in an evolving health care environment, August 8, 2012.

Association of Maternal and Child Health Programs, February 13, 2012.

2012 Joint Meeting on Adolescent Treatment Effectiveness, April 11, 2012.

International Forum on Sustaining Universal Health Coverage, April 2, 2012.

United Health Foundation's 2012 Diverse Scholars Forum; June 27, 2012.

Annual Summer Meeting of the Coalition of Urban Serving Universities and the Association of Public and Land Grant Universities, June 27, 2012.

Mongan Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Leadership Forum, September 19, 2012.

Newborn Foundation Reception; September 13, 2012.

NHSC National Advisory Council, January 19, 2012.

National Health Service Corps Loan-Repayers Conference; April 13, 2012.

Meeting of Nurse Membership of SEIU Healthcare 1199NW Committee; March 31, 2012.

AFSCME Nurse Advisory Committee, February 27, 2012.

Webcast remarks to the Arizona Nurses Association meeting, September 14, 2012.

Visiting Nurses Association of America; Friday, May 4, 2012.

5th Nursing Economic\$ summit, June 8, 2012.

National Black Nurses Association, February 2, 2012.

Annual Regional Nurse Practitioner Conference, January 20, 2012.

BJC HealthCare Nursing Summit; June 11, 2012.

Graduate Nursing Education Demonstration program press call, March 21, 2012.

Nursing in 3D Summit, August 16, 2012.

White House Health Care Providers Briefing, September 28, 2012.

Public Health Nursing Leadership Network, February 9, 2012.

University of Pittsburgh School of Nursing Workforce Roundtable; August 15, 2012.

Partners in the Healthy Weight Collaborative, September 24, 2012.

Region I Primary Care Workforce Conference, September 18, 2012.

Regions 8 and 10 CHCs, October 15, 2012.

EPA Stakeholders' Call on Poisoning Prevention, March 19, 2012.

University of Rhode Island Honors Colloquium, September 18, 2012.

CHAMPS/NWRPCA Fall Primary Care Conference, October 15, 2012.

American Academy of Family Physicians' Board of Directors, March 7, 2012.

UCSF-SFGH FCM Residency Program 40th Anniversary Celebration, March 24, 2012.

AAMC "Integrating Quality Meeting," June 7, 2012.

Live video feed to California State Rural Health Association Conference, November 13, 2012.

North Dakota Rural Health Conference, May 30, 2012.

Medicare Flex Grantee Meeting; July 10, 2012.

Rural Health Information Technology Network Development Program, May 22, 2012.

Annual Rural Health Policy Institute, January 30, 2012.

Ryan White HIV/AIDS Program's All-Grantees Meeting, November 27, 2012.

Secretary's Advisory Committee, Training in Primary Care Medicine and Dentistry; July 19, 2012.

State Health Officers in Region III, August 9, 2012.

UT-Austin Texas Health Symposium, April 29, 2012.

Tri-Regulator Symposium, October 17, 2012.

White House Rural Council's Health IT Initiative, February 7, 2012.

Association of Women's Health, Obstetric and Neonatal Nurse Convention, June 25, 2012.

Edward N. Brandt, Jr. Memorial Lecture in Women's Health, November 15, 2012.

"Best Practices in State Health Workforce Data and Planning" meeting of HRSA grantees, May 15, 2012.

Conference call on ACA Implementation Update for Clinicians, Hospitals, and Other Healthcare Providers—ACA Healthcare Workforce Investments, October 12, 2012.

Health Policy Institute of Ohio, December 5, 2012.

#### **2011**

Martin Luther King Day Observance, January 13, 2011.

Combating Autism Act Initiative meeting, January 13, 2011.

Council on Graduate Medical Education, January 19, 2011.

National Council of County Association Executives, January 13, 2011.

2011 National Health Policy Conference, February 7, 2011.

Health Careers Opportunity Program and the Centers of Excellence Program, February 1, 2011.

340B Coalition Winter Conference; February 10, 2011.

National Advisory Council on Migrant Health, February 8, 2011.

National Black Nurses Association; February 3, 2011.

Meeting on Team-based Competencies, February 16, 2011.

Broward Community and Family Health Centers Annual Board Meeting, February 25, 2011.

National Black Nurses Association, February 3, 2011.

Women's History Month Program, March 1, 2011.

Commonwealth Fund and the Alliance for Health Reform, congressional retreat, January 16, 2011.

White House Conference on Bullying Prevention, March 10, 2011.

Healthy Start Program, September 12, 2011.

National Association of County Behavioral Health and Developmental Disability Directors, March 4, 2011.

13th Annual Tribal Budget Consultation, March 3, 2011.

National Hispanic Medical Association; March 18, 2011.

American Association of Colleges of Nursing Annual Student Policy Summit; March 20, 2011.

ACA Anniversary Event in West Virginia, March 10, 2011.

National Academies of Practice; March 26, 2011.

Small Health Care Provider Quality Improvement Peer Learning Workshop and Grantee Meeting, March 28–30, 2011.

IOM Committee on "Integrating Primary Care and Public Health," March 28, 2011.

Annual Women's Health Congress; April 2, 2011.

University of St. Thomas Health Policy Seminar, April 4, 2011.

Rural Voices Leadership and Policy Workshop; April 4, 2011.

Annual Conference on Nursing Practice Based on Evidence, April 1, 2011.

National Association of Community Health Centers, April 25, 2011.

Webinar on "The Federal Perspective on Philanthropy and Implementation of the Affordable Care Act;" April 20, 2011.

Annual Cervical Cancer-Free America Forum, May 5, 2011.

American College of Physicians; May 24, 2011.  
HRSA/SAMHSA LGBT Pride Month event; June 8, 2011.  
AARP/NRHA/RWJF Joint Forum on Rural Health and Nursing Solutions; June 13, 2011.  
National Association for Rural Mental Health Conference, June 22, 2011.  
National Health Care for the Homeless Council, June 23, 2011.  
Grantmakers in Health, June 16, 2011.  
“National Day of Dialogue” webcast; June 29, 2011.  
School-based Health Centers; Press conference call; June 14, 2011.  
Ventanillas de Salud Regional Meeting; July 28, 2011.  
ONDCP/SAMHSA meeting on “The Integration of Substance Abuse and Primary Care Services,” August 10–11, 2011.  
New Jersey federal and state elected officials, representatives of the New Jersey Primary Care Association, and Health Center officials, August 8, 2011.  
National Hispanic Medical Association; March 18, 2011.  
Advisory Committee on Infant Mortality; August 3, 2011.  
Annual Heartland Genetics and Newborn Screening Conference, August 24, 2011.  
Annual Conference of the National Assoc. of School Nurses, June 30, 2011.  
Joint Forum on Rural Health and Nursing Solutions, June 13, 2011.  
National Radiation Exposure Screening and Education Program grantee meeting, September 19, 2011.  
Leadership Conference of the Texas Nurses Association, September 22, 2011.  
Annual conference of the Gerontological Advanced Practice Nurses Association; September 15, 2011.  
Secretary’s Advisory Committee on Infant Mortality, August 3, 2011.  
Forum on health care at Penn State University, September 26, 2011.  
Tribal consultation policy meeting, September 26, 2011.  
CEO Conference of the Montana HA Annual Convention; September 21, 2011.  
Boston Primary Care (AP Nurses) Conference; October 5, 2011.  
Healthy Weight Collaborative Meeting, September 14, 2011.  
The Bipartisan Policy Center, panel on “Looking Ahead: The Future Health Professional Workforce,” October 18, 2011.  
Henry Ford Health Systems Annual Providers retreat, October 22, 2011.  
Annual Convention of the National Congress of American Indians; October 30, 2011.  
National Coalition for LGBT Health, October 18, 2011.  
Iowa Rural Roundtable, September 9, 2011.  
Association of State and Territorial Health Officials; October 21, 2011.  
National Network for Oral Health Access, October 24, 2011.  
Hispanic-Serving Health Professions Schools, November 1, 2011.  
Evidence-Based Nursing Research Conference, October 28, 2011.  
U.S. Conference on AIDS, November 13, 2011.  
Webinar, Helping Veterans Become Physician Assistants; November 16, 2011.  
1st Annual National Rural Health Day, November 17, 2011.  
School-based Health Center Awards Press Conference Call, June 14, 2011.  
Palmetto Health Council, December 14, 2011.  
Loudoun Community Health Center, December 19, 2011.

Thomas Jefferson University, June 1, 2011.

American Assoc. of Colleges of Osteopathic Medicine Policy Forum; December 8, 2011.

**2010**

National Association of Community Health Centers Policy and Issues Forum; February 26, 2010.

Healthcare Information and Management Systems Society; March 1, 2010.

Pakistani Ministry of Health Delegation; March 2, 2010.

National Nursing Research Roundtable; March 4, 2010.

12th Annual National HHS Tribal Budget and Policy Consultation Session; March 4, 2010.

University of St. Thomas Health Policy Seminar; March 4, 2010.

Arkansas Farm Bureau; March 5, 2010.

Grantmakers in Health; March 10, 2010.

National Disabilities Rights Network, March 11, 2010.

National Healthy Start Association, March 16, 2010.

National Association of Public Hospitals and Health Systems; March 9, 2010.

RWJ Foundation Nurse Faculty Scholars, March 24, 2010.

Josiah Macy Jr. Foundation, March 9, 2010.

Rural Voices Leadership and Policy Workshop, March 29, 2010.

Western Institute of Nursing, 2010 Communicating Nursing Research Conference, April 7, 2010.

National Council of Urban Indian Health, April 7, 2010.

BHP All-Advisory Committee Meeting, April 21, 2010.

HHS Region V Tribal Consultation, April 20, 2010.

American Association of Nurse Anesthetists Mid-Year Assembly, April 27, 2010.

National Association of Counties' (NACo) Rural Action Caucus White House Briefing, April 29, 2010.

George Mason University College of Health and Human Services, April 22, 2010.

American Association of Nursing Informatics and Technology Expert Panel, May 6, 2010.

CDC 2010 National Nurses Week Event, May 12, 2010.

Nursing Recognition Day, May 7, 2010.

Nurses Week Webinar, Service Employees International Union, May 7, 2010.

USPHS Scientific and Training Symposium, May 14, 2010.

Patient Safety and Clinical Pharmacy Collaborative, May 13, 2010.

Meeting of Key Minority Health Stakeholders, May 14, 2010.

Association of State and Territorial Directors of Nursing and Association of Community Health Nursing Educators, June 11, 2010.

Prevention and Public Health Fund Workforce press conference, June 16, 2010.

Penobscot Community Health Care, June 21, 2010.

National African American Youth Initiative meeting, June 24, 2010.

9th Annual Conference on Urban Health, June 18, 2010.

National Association of Hispanic Nurses, July 25, 2010.

Annual 340B Coalition Conference, July 19, 2010.

Patient-Centered Primary Care Collaborative Stakeholders Working Group, July 22, 2015.

Home Visiting Conference Call, July 22, 2010.  
Doctors For America, July 27, 2010.  
Northeast Area Nurses Meeting, August 6, 2010.  
Regional Offices All-Hands Meeting, August 16, 2010.  
Bullying Prevention Summit, August 11, 2010.  
American Psychological Association Education Advocacy Breakfast Meeting, August 14, 2010.  
35th National Primary Care Nurse Practitioner Symposium, August 16, 2010.  
HAB-Ryan White All-Grantees Conference, August 29, 2010.  
Rural Health Outreach and Network Development Grantees Meeting, August 2, 2010.  
American Academy of Nurse Practitioners, June 23, 2010.  
National Hispanic Medical Association's 14th annual conference, March 26, 2010.  
Association of Women's Health, Obstetric and Neonatal Nurses, September 25, 2010.  
Historically Black Colleges and Universities Conference, September 13, 2010.  
Federal Public Health Nurse Leadership Meeting, September 15, 2010.  
Annual Meeting of the Hemophilia Alliance, September 14, 2010.  
Kaiser Permanente nurses phone call, September 23, 2010.  
Women's Outreach Call-RS-ReadVersion, September 14, 2010.  
American Telemedicine Association, September 28, 2010.  
State of The Science Congress on Nursing Research, September 27, 2010.  
Public Health and Prevention Fund press event, September 28, 2010.  
Remarks for Conference Call on Nursing with First Lady Michelle Obama, September 28, 2010.  
University of Iowa Health Sciences Policy Council, September 30, 2010.  
Iowa Rural Health Association, September 30, 2010.  
Central Iowa Hospital Corporation, September 30, 2010.  
Primary Health Care, Inc., September 30, 2010.  
White House Summit on Community Colleges, October 5, 2010.  
CHC grants announcement, October 7, 2010.  
National Indian Health Board, October 7, 2010.  
Signature Healthcare Foundation, October 14, 2010.  
Washington University, October 14, 2010.  
Grace Hill Neighborhood Health Centers, October 14, 2010.  
Maternal and Child Health Federal/State Partnership Meeting, October 20, 2010.  
Federation of American Hospitals, October 19, 2010.  
Association of State and Territorial Health Officials, October 22, 2010.  
Health Foundation of South Florida, October 1, 2010.  
National Disability Employee Awareness Month: October 26, 2010.  
National Practitioner Data Bank Executive Committee, November 2, 2010.  
Area Health Education Centers, October 28, 2010.  
Nurse Family Partnership, November 1, 2010.  
Association of Nurses in AIDS Care, November 8, 2010.  
IOM Committee on Preventive Services for Women, November 16, 2010.

American Dental Association National Consensus Conference, November 18, 2010.

Total Health Care Inc, November 22, 2010.

Unity Health Care, December 3, 2010.

World AIDS Day ceremony, December 1, 2010.

NHSC Awardee Conference, December 9, 2010.

GANES Second Annual International Conference for Nurse Educators, December 11, 2010.

Meeting of telemedicine stakeholders, December 9, 2010.

Georgetown University School of Nursing and Health Studies, November 22, 2010.

American Association of Colleges of Osteopathic Medicine, December 2, 2010.

State Primary Care Offices Conference, December 14, 2010.

Pew Children's Dental Campaign Conference, November 17, 2010.

17. Qualifications (state what, in your opinion, qualifies you to serve in the position to which you have been nominated):

I am an experienced executive who has led the Health Resources and Services Administration (HRSA), an operating division within the U.S. Department of Health and Human Services, for the past 6 years. As HRSA Administrator, I led work to modernize and transform the organization to better serve patients and communities in every state across the U.S.—in local health centers, Ryan White HIV/AIDS clinics, college health workforce programs, in rural communities with National Health Service Corps clinicians, in state Maternal and Child health programs, and for people in need of organ transplants.

I have a proven track record of garnering cost savings in areas such as travel and conference spending to assure that investments are efficient, even on the scale of HRSA's \$10 billion budget (FY15). Under my leadership, HRSA automated much of its work, improving oversight and accountability, as well as making reporting easier for grantees and clinicians.

As HRSA Administrator, I worked closely with colleagues across HHS and in other Cabinet agencies on cross-cutting issues ranging from providing health care to American Indians, to helping Veterans become health care providers, to working with the Department of Education to automate student loan debt verification for health professions students.

My interest in nursing began during my high school years when I worked part-time as a nursing aide in my hometown hospital and a local nursing home. I was immediately drawn to the difference that nurses made in their patients' lives. Since then, I studied to become a registered nurse and acquired an extensive background in rural health care and rural health policy. I taught nursing students in rural and urban health care facilities and practiced clinically in both settings. As a Member of the Institute of Medicine (IOM), I chaired a key committee that focused on Health Care Quality in Rural America. As a member of the IOM's Quality Chasm committee I worked to inform landmark reports that helped to transform how the nation approaches hospital safety and medical errors. I have spent my career focused on health care delivery and health care system improvement working in health care and health professions education. My expertise has been nationally recognized in rural health, workforce and nursing.

I understand the legislative process and executive branch having worked in both environments on Capitol Hill. I worked across the aisle on shared agendas from rural health to health care workforce to human services. The programmatic and policy focus of my work ranges from LIHEAP to programs that support the health of disadvantaged populations (e.g., American Indians). Additionally, I co-chaired Senate Rural Health Caucus staff meetings, working in a bipartisan approach to address an array of challenges including workforce, access, quality and telemedicine issues as they impact rural communities and health facilities. I have showcased innovation in rural health care delivery to inform both rural and urban health care.

I have informed health policy through work on Capitol Hill, as well as on Advisory committees to HHS operating divisions and programs. My experiences as a health care provider, an educator, a Hill staffer, and an executive leader create the foundation for assuming this position.

**B. FUTURE EMPLOYMENT RELATIONSHIPS**

1. Will you sever all connections with your present employers, business firms, associations, or organizations if you are confirmed by the Senate?

No, as I am currently employed by the U.S. Department of Health and Human Services.

2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government?

No.

3. Has any person or entity made a commitment or agreement to employ your services in any capacity after you leave government service? If so, provide details.

No.

4. If you are confirmed by the Senate, do you expect to serve out your full term or until the next Presidential election, whichever is applicable?

Yes.

**C. POTENTIAL CONFLICTS OF INTEREST**

1. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated.

The Office of Government Ethics at the Department of Health and Human Services has identified one potential conflict of interest for which I will recuse myself on any related deliberations. Since my husband is a professor at the University of North Dakota, School of Medicine, I will recuse myself from any and all deliberations related to that University.

2. Describe any business relationship, dealing or financial transaction which you have had during the last 10 years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

None.

3. Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal Government need not be listed.

I have written articles on the importance of health reform and the role of government.

4. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items. (Provide the Committee with two copies of any trust or other agreements.)

In connection with the nomination process, I have consulted with the Office of Government Ethics and the Department of Health and Human Services designated agency ethics official to identify potential conflicts of interest. Any potential conflicts of interest will be resolved in accordance with the terms of an ethics agreement that I have entered into with the Department's designated agency ethics official.

5. Two copies of written opinions should be provided directly to the Committee by the designated agency ethics officer of the agency to which you have been nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position.

This will be provided.

6. The following information is to be provided only by nominees to the positions of United States Trade Representative and Deputy United States Trade Representative:

Have you ever represented, advised, or otherwise aided a foreign government or a foreign political organization with respect to any international trade matter? If so, provide the name of the foreign entity, a description of the work performed (including any work you supervised), the time frame of the work (e.g., March to December 1995), and the number of hours spent on the representation.

Not applicable.

**D. LEGAL AND OTHER MATTERS**

1. Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group?

No.

2. Have you ever been investigated, arrested, charged, or held by any Federal, State, or other law enforcement authority for a violation of any Federal, State, county or municipal law, regulation, or ordinance, other than a minor traffic offense?

No.

3. Have you ever been involved as a party in interest in any administrative agency proceeding or civil litigation?

Divorce:

Other Party: Wayne W. Fisher. Year filed and proceeding terminated: 1988.

EEO Proceedings:

While I was HRSA Administrator, an employee filed an EEO complaint in 2009 and 2012 alleging that she was discriminated against on the basis of age and retaliation when she was reassigned to a different position within HRSA and when she was not selected for a new position within HRSA. For the 2009 case, an Administrative Judge ruled in favor of the Agency. For the 2012 case, an Administrative Judge ruled in favor of the Agency, but there is an appeal pending. The same employee filed an EEO complaint in 2014 alleging that she was discriminated against on the basis of race, color, age, and retaliation. Final disposition of the case is still pending.

4. Have you ever been convicted (including pleas of guilty or *nolo contendere*) of any criminal violation other than a minor traffic offense?

No.

5. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

None.

**E. TESTIFYING BEFORE CONGRESS**

1. If you are confirmed by the Senate, are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?

Yes.

2. If you are confirmed by the Senate, are you willing to provide such information as is requested by such committees?

Yes.

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QUESTIONS SUBMITTED FOR THE RECORD TO MARY KATHERINE WAKEFIELD

QUESTIONS SUBMITTED BY HON. ORRIN G. HATCH

*Question.* I am concerned that CMS actions are preventing Medicare beneficiaries from accessing the full range of FDA-approved treatments for glioblastoma (GBM), an aggressive brain tumor. In 2011, the FDA approved the Optune system (formerly NovoTTF therapy system), a medical device that is worn on a patient's head in the home and uses low-intensity, intermediate-frequency electric fields to target the tumor, to treat recurrent GBM as an alternative to chemotherapy. In 2015, the FDA expanded its approval to treat an initial GBM in combination with chemotherapy.

CMS and its regional Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have made past decisions—the most recent a 2014 DME MAC non coverage determination—that create uncertainty as to future determinations. Questions to which the answers would help provide some clarity are below.

CMS issued a benefit category determination in July 2013 stating that the Optune system is a DME item. Is that benefit category determination still in effect?

Answer. For any item to be covered and paid by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. The Optune system was determined to be a frequently serviced item of durable medical equipment, thus meeting the first criteria above, and issued a new HCPCS code in 2014. However, the DME MACs have issued a local coverage determination (LCD) that the device is not reasonable and necessary. Therefore, this device does not meet the second criteria and is not covered or paid under Medicare.

If any individual or organization possesses relevant data that have not been considered the DME MACs, they may wish to submit such data to the DME MACs and request a reconsideration of their decision. The process by which a LCD may be reconsidered is found in chapter 13 of the CMS Medicare Program Integrity Manual on the CMS website at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c13.pdf>. Alternatively, any individual or organization may request a national coverage determination (NCD) for this device. The process for submitting an NCD request can be found at: <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/FR08072013.pdf>.

*Question.* CMS has three options for establishing a fee schedule amount for a new DME item: setting it using the amount for comparable equipment; using an amount calculated by a DME MAC; and the “deflate and inflate” methodology. CMS established a fee schedule payment amount for the Optune system in December 2013 using the comparable equipment option, an amount that the manufacturer has stated covered only a small fraction of the system’s cost. CMS removed that payment amount from the fee schedule in June 2014. Does the CMS removal of the payment amount indicate that the comparable equipment option is not applicable to the Optune system?

Answer. As described above, the DME MACs determined that the Optune system is not reasonable and necessary and therefore not covered or paid by Medicare. After this determination, the manufacturer requested that CMS remove the Medicare DME fee schedule amount from our website. CMS granted that request and removed the fee schedule amount from our website in June 2014.

*Question.* CMS posted a memo, dated February 5, 2016, on its website that went to its Medicare Administrative Contractors (MACs) instructing them to make system changes in preparation for a “Part B Drug Payment Model” that would start on August 1, 2016. The memo indicates that the model would be conducted by the Centers for Medicaid Innovation (CMMI) and test different Average Sales Price add-on percentages in specific geographic areas. The memo also indicates that the model will be mandatory and established through notice and comment rulemaking. CMS has since removed the memo from its website, and a press story quotes an agency official as saying the memo was “premature.” These events raise a number of questions, including those listed below.

Does CMMI plan to start the Part B Drug Payment Model described in the memo this year?

Which, if any, stakeholders has CMMI consulted in designing this model to-date?

Has CMMI decided on the precise design and how it will execute the model prior to receiving input through the referenced notice and comment rulemaking process?

What other payment changes beyond lowering the ASP add-on percentage is CMMI planning that would be phased-in after the model is initially implemented?

How will CMMI evaluate whether the model considering the statutory criteria that a model must improve quality of care without increasing spending or reduce spending without reducing quality of care?

As many beneficiaries who use Part B drugs have cancer, autoimmune conditions, and other serious illnesses, how will CMMI monitor to ensure that changes to payments are not harming patient access and outcomes?

**Answer.** Last fall, HHS convened a forum that brought together consumers, providers, employers, manufacturers, health insurance companies, representatives from state and federal government, and other stakeholders to discuss ideas on how our country can meet the dual imperatives of encouraging drug development and innovation while protecting access and affordability. We came away with feedback to address these challenges in a holistic fashion addressing three important areas: (1) increasing access to information to support better health care decisions, (2) driving innovations that improve and save lives, (3) and strengthening incentives in the delivery system to reward quality care to patients and encourage value-based and outcomes-based decision making.

Coming out of that forum, we have identified several areas of potential opportunity for consideration and collaborative policy development. The need for better information about drug prices and impacts on patients and providers in making better health care decisions was one theme that we heard across multiple panels. To that end, in December, we took a first step forward by providing more detailed information on Medicare spending on prescription drugs, for both Part B (primarily drugs administered in doctors' offices and other hospital outpatient settings) and Part D (primarily drugs patients take themselves) to better inform decision making. The Medicare Drug Spending Dashboard provides important information to the public in an accessible format, but, more importantly, it served as a first step to provide other information that can enrich the picture.

We are examining potential ways to support increased access to information, drive innovation, and strengthen incentives to improve quality care. We continue to look at a number of options in this area. Posting of this document was premature.

**Question.** CMS is in the process of applying Durable Medical Equipment Competitive Bidding program payment amounts established in competitive bidding areas to DME fee schedule payment amounts made for those items in non-Competitive Bidding areas. CMS calculated those fee schedule reductions in 2014 and decided to apply half of the reduction starting January 1, 2016, with the second half of the reduction occurring on July 1, 2016. CMS has stated that, in part, the six-month transition provides the agency time to monitor whether the lower rates harm beneficiary access and health outcomes. What specifically will CMS monitor and how will the agency determine whether beneficiaries have diminished access and/or poorer health outcomes? Also, if CMS determines that beneficiaries have been adversely affected, what will it do to rectify the situation?

**Answer.** CMS has been using a real-time claims analysis to monitor health status results in the DME competitive bidding program and other Medicare payment systems. The analysis for the DME competitive bidding program includes key indicators of the health status of beneficiaries and their access to DMEPOS items and services such as deaths, hospitalizations, emergency room visits, physician visits, admissions to skilled nursing facilities, average number of days spent hospitalized in a month, and average number of days in a skilled nursing facility in a month. We also monitor beneficiaries who no longer have claims for a competitively bid item after the program began, beneficiaries who may at some point need the item, and beneficiaries who currently have claims for competitively bid items. CMS is doing a similar type of analysis and monitoring for the adjusted DME fee schedule rates during the 6-month transition period and after this transition period. In addition, CMS will be monitoring assignment rates of suppliers. Assignment means that the suppliers have agreed to accept Medicare allowed rate as full payment for the DME item. If there are any issues identified through our monitoring, we will take appropriate actions depending on the situation.

**Question.** Dr. Wakefield, as Deputy Secretary, your job is going to be essentially that of a Chief Operating Officer at a major corporation. You will be in charge of all the day to day operations, financials and behind the scenes activities to keep the trains running. One part of that responsibility will be helping oversee HHS's financial viability and stability. I noted in the most recent financial report for HHS that the external auditors identified one material weakness related to HHS's Financial Information Management Systems, one material noncompliance related to Error Rate Measurement and two significant deficiencies related to other financial systems. Two of these issues have been flagged by the auditors for at least 8 years and the error rate measurement issue has also been flagged for several years. The auditors note that HHS has taken some actions to correct these problems, like forming working groups—but so far, HHS has been unable to bring them to an acceptable risk level. So the question is, Dr. Wakefield, what are you planning to do differently to make sure these issues are resolved?

**Answer.** As the Acting Deputy Secretary, I observe the hard work and dedication of thousands of employees throughout the Department and Operating Divisions who successfully execute our mission. The Agency Financial Report (AFR) is one of the most important documents the Department produces each year because it demonstrates our accountability and stewardship of taxpayers' dollars. For more than a decade, HHS has received a clean audit opinion from our external auditors.

HHS's Risk Management and Financial Oversight Board (RMFOB) was established to provide executive leadership and oversight for the Department's internal control program and resolution of audit findings, including the financial management information system material weakness. Through the RMFOB, I will be actively monitoring the Department's progress towards resolving the issues identified by our independent auditors.

The size and complexity of our information technology (IT) environment continues to pose challenges as we address weaknesses across systems, organizations, and business processes. The RMFOB reviewed and approved the IT Material Weakness (ITMW) Working Group's plan to focus on determining the root cause of our vulnerabilities underlying the IT material weakness. Previous attempts fell short of expectations as they often addressed the symptom of a problem rather than its root cause, resulting in similar repeat audit findings over the years. While it may take more time to determine the root cause of the IT material weakness before implementing corrective actions, we believe this approach will be more effective resolving this long-standing issue. Furthermore, in December 2015, we successfully completed the migration of our financial management systems to the latest software. This migration is expected to provide improved security, as well as faster access to data, and simplified report queries for systems users.

Our independent auditor and the Office of Inspector General have commended the Department for this strategic approach and recommended that we continue executing the ITMW Working Group's plan under the Board's direction and with my continued support. The ITMW Working Group provides bi-monthly informational briefings to the RMFOB so that progress can be monitored and issues can be escalated to me through senior leadership.

Similarly, the RMFOB reviews the progress of the corrective action plans from HHS Operating Divisions contributing to the Department's significant deficiencies and escalates issues to me, when applicable. The prioritization of specific internal control activities will advance our progress toward resolution of the financial reporting significant deficiency identified in the auditor's report. Under the strategic direction of the RMFOB, our stakeholders have committed to strengthening financial management controls.

**Question.** Dr. Wakefield, error rate measurement generally has been an issue for HHS for several years. Last year the Comptroller General for the Government Accountability Office testified before this Committee about his concern regarding the unprecedented growth in improper payments across government—over a \$19 billion dollar increase from the previous fiscal year to last. A large portion of that improper payment amount is attributed to Medicare and Medicaid. While HHS as a whole has marginally decreased the amount of improper payments within its programs the last couple of years there is still an unacceptably high error rate in each of the programs. What efforts do you plan to undertake to help bring that number lower and assist HHS in continuing to eradicate improper payments?

**Answer.** Improper payments include payments that are made to the wrong person, at the wrong time, or for the wrong amount. They are not typically fraudulent payments. Although many improper payments are overpayments, they can also include underpayments and payments where documentation is missing or not available. Regardless of the type of improper payment, the Department is committed to strengthening the integrity of our programs, and has instituted corrective actions designed to prevent and reduce improper payments. While the Department is making progress in reducing improper payments in our programs, we recognize that we need to employ continuous, focused efforts to address this problem.

As Acting Deputy Secretary, I have focused on Departmental management and operations—including strengthening program integrity and reducing improper payments. If confirmed as Deputy Secretary, I will continue to focus on these areas. In particular, I will ensure we utilize tools and resources that will allow us to identify the root causes of improper payments. I will then ensure that creative measures and best practices are implemented to prevent and reduce improper payments and

strengthen program integrity at HHS. In addition, we will continue to monitor corrective actions and track our progress in improving improper payment rates.

In Medicare, CMS has made significant efforts to lower the improper payment rate and continues to address the drivers of the improper payment rate, such as home health and skilled nursing facilities. The most recent Agency Financial Report shows that the Medicare fee-for-service improper payment rate decreased from 12.7 percent in 2014 to 12.1 percent in 2015. In Medicaid, CMS is working with states to address new statutory requirements that contributed to increases in the Medicaid and CHIP improper payment rates in FY 2015.

CMS continues to take corrective actions to further address improper payments in Medicare fee-for-service, especially for the drivers of the improper payment rate. For example, home health is a key driver of the Medicare fee-for-service improper payment rate, and in 2015, CMS started Medicare Administrative Contractor “probe and educate” reviews of 5–10 home health claims for every home health agency for episodes beginning after August 1, 2015. CMS has also extended the temporary Medicare enrollment moratorium on new home health agencies in certain counties. In addition, CMS is continuing to more robustly use prior authorization models to make sure that, before services are rendered and claims are paid, the services meet applicable Medicare coverage, coding, and payment rules.

In order to help reduce the national Medicaid and CHIP improper payment rates, states are required to develop and submit corrective action plans to CMS after each measurement cycle has been completed. CMS works with the states to develop and implement such corrective actions. CMS is also planning to facilitate states’ provider enrollment as part of upgrades to the Provider Enrollment, Chain, and Ownership System. CMS will continue to provide guidance to states on implementation of new Affordable Care Act requirements, such as fingerprint-based background checks required upon enrollment for providers identified as high risk.

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QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

*Question.* Do you have a time frame for the proposed 340B guidance to become final? Will this be finalized all at once?

*Answer.* HRSA is now analyzing the over 1,200 comments received to determine next steps and to aid the effort to develop the final 340B Omnibus Guidance. At this time, we do not have a timeline for completion, but will notify you upon publication of any final guidance.

*Question.* Are there policy changes in the proposed guidance that the agency is enforcing now?

*Answer.* HHS places the highest priority on the integrity of the 340B Program and continues to enforce the statute and current program policies to the greatest extent possible. As a draft guidance, HRSA is not enforcing the proposed policy changes in the Omnibus Guidance.

*Question.* If you become Deputy Secretary of HHS, what steps will you take to address concerns in the 340B program?

*Answer.* HRSA places the highest priority on the integrity of the 340B Program and has worked to strengthen oversight of this Program over the last five years. These efforts have included ensuring that both 340B covered entities and manufacturers are in compliance with Program requirements. During my time at HRSA, we made progress on implementing several of the recommendations made by the GAO in its 2011 study.<sup>1</sup> As a matter of practice, we use GAO reports to improve processes and we always want to utilize what we learn from them to strengthen our programs and operations. After carefully reviewing the feedback received, we appropriately found effective ways to address issues that were within our statutory authority. We also continue to welcome feedback from our stakeholder community, Members of Congress, the GAO and the HHS Office of the Inspector General.

In addition, the FY 2017 President’s Budget proposes a general provision to provide comprehensive regulatory authority for the 340B Program. General rulemaking authority would allow HHS to provide more specific program requirements for the 340B Program that would aid entities and manufacturers in their compliance efforts

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<sup>1</sup>*Drug Pricing: Manufacturer Discounts in the 340B Program Shows Benefits, but Federal Oversight Needs Improvements.*

and facilitate HRSA's program oversight. Program participants, as well as GAO and OIG reports, have pointed out that in some cases ambiguity about requirements presents challenges to program implementation.

Comprehensive rulemaking authority would also provide HRSA the opportunity to establish program requirements across all the various interdependent aspects of the program.

Moving forward, I will continue to work with HRSA to employ the many effective tools within our authority to maximize our program oversight. In the short term, this includes issuing regulations in the three areas of the 340B statute where HRSA has explicit regulatory authority: (1) calculation of 340B ceiling prices, (2) imposition of manufacturer civil monetary penalties, and (3) implementation of an administrative dispute resolution process; and finalizing our 340B guidance.

*Question.* Some people favor telemedicine to solve some of the problems of rural healthcare. I agree, that is part of the solution. However, sometimes you need a hospital.

Dr. Wakefield, how would you use your new position to help keep these rural hospitals open and allow them to take care of patients close to home?

Answer. I have spent a good deal of my career—both inside and outside of HHS—working on rural health issues. Telemedicine can be an important tool for improving access and enhancing health care outcomes, but it is primarily an important tool and strategy to support rural health care delivery and not a replacement for having a hospital or a clinic and clinicians on site. We are seeing an increase in the rate of rural hospital closures nationally. From 2010 through February 11, 2016, 68 rural hospitals closed or suspended operations. Our analysis shows there is no single factor at work here. In some cases, we've seen areas lose population and therefore some communities no longer have the population base needed to support a full-service hospital. In other cases, there have been market pressure and consolidation that have played a factor in the closure of some rural hospitals.

Through HHS's Federal Office of Rural Health Policy, we're working with Critical Access Hospitals (CAHs) to shore up their financial operations and focus on quality through the Medicare Rural Hospital Flexibility Grant (Flex) program, which provides \$25 million in grants for these activities. Every CAH gets a customized financial and quality report it can use to identify areas of improvement and to engage in benchmarking activities with other CAHs and small rural hospitals and the Flex funds provide support for hospital-specific interventions. We are also planning to award 24 Network Planning grants totaling \$2.4 million in FY 2016 and we put a particular emphasis in the grant guidance to focus on communities that were either at risk of or have seen a hospital closure. FORHP will award approximately 21 Small Health Care Provider Quality Improvement grants in FY 2016 totaling \$4.2 million, providing additional resources for small rural hospitals and clinics to focus on quality. Our goal is that by emphasizing value and improved quality, rural hospitals can reduce the rate of patients leaving their community for care and retain those health care dollars, thereby strengthening the local health care system. Furthermore, telehealth can play a role in that and we have a national network of tele-health resource centers to help rural communities best leverage that technology. We've also expanded eligibility for the National Health Service Corps to CAHs to help these hospitals address the ongoing need for doctors, nurse practitioners and mental health providers.

Additionally, we are supporting innovative new models of reimbursement and care delivery reforms that include a rural focus through the work of the CMS Innovation Center. Maryland, Oregon, Minnesota, Idaho, Washington and Vermont all have used their State Innovation Model grants to develop creative ways to address rural health challenges. Our hope is that helping rural communities take advantage of the broad range of programs and resources across HHS, we can assist these communities address some of the key challenges faced by rural hospitals.

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QUESTIONS SUBMITTED BY HON. JOHN THUNE

*Question.* Who is the Internet service provider for each service unit in South Dakota servicing Indian Health Service (IHS) hospitals and service units?

Answer. The IHS operates a nationwide Internet Protocol (IP) network for connectivity between IHS sites and data centers in Rockville MD and Albuquerque NM. Each data center has a 1 Gigabit Internet connection provided by Verizon. The

Internet connections through the data centers are available to all IHS sites connected to the network.

*Question.* What is the Internet bandwidth for these facilities?

*Answer.* IHS sites have access to the Internet through the Internet connections hosted at data centers in Rockville, MD and Albuquerque, NM. The Internet network bandwidth at each data center is 1 Gigabit.

*Question.* What kind of connection is used at these facilities? (examples: cable modem, fiber, DSL)

*Answer.* IHS sites in South Dakota connect to the IHS network using T1, DS3 and Ethernet circuits. The network speeds for each site are shown in the table below.

*Question.* What is GPA IHS connectivity to the IHS network at these facilities, and what are the speeds?

The Table Below Shows the Network Connectivity to IHS Sites in South Dakota.

Table 1.—Bandwidth Speeds to IHS Sites in South Dakota.

South Dakota IHS Sites	Network Bandwidth to the IHS Network
Lower Brule	1.5 Mbits
Flandreau	50 Mbits
Martin	3.0 Mbits
Mobridge	3.0 Mbits
Pierre	3.0 Mbits
Wagner	6.0 Mbits
Eagle Butte	45.0 Mbits
Aberdeen Area Office	45.0 Mbits
Fort Thomson	45.0 Mbits
Pine Ridge	45.0 Mbits
Rosebud	45.0 Mbits
Sioux Falls IT Office	45.0 Mbits
Sisseton	45.0 Mbits
Pierre (Urban Indian Heath)	45.0 Mbits
Sioux Falls (Urban Indian Heath)	50.0 Mbits

*Question.* Please provide a list of contracts for these facilities local phone companies.

*Answer.* IHS federally managed sites are deploying a Cisco based VoIP system managed by the Great Plains Area office IT staff. The GSA Networx contract is used to provide Long Distance telephone services.

*Question.* What telehealth capabilities, if any, do these service units in South Dakota currently have and what resources would the IHS need to provide telehealth services at these units if they are currently unable to do so?

*Answer.* Currently the IHS does some telehealth “office visit” care. This is done through our current video bridge and mobile cart video end points at all of our sites. Sometimes the site bandwidth causes poor quality of transmission, but this is not the case at all of the sites. A number of the service units have video conferencing systems which can be used to provide telehealth service. However, not all sites have

adequate network bandwidth to simultaneously support access to both traditional IT applications required for daily operations and telehealth services provided through video conferencing. Video traffic places a high demand on the network bandwidth, which is not adequate at some South Dakota sites.

Most of the care delivered is tele-behavioral health and occurs throughout the agency, not just in South Dakota. The IHS video bridge, located in Sioux Falls, SD, is the agency's backbone for video conferencing. Overall, the IHS conducts approximately 30 telemedicine calls a month at 384Kbps/call to 512Kbps/call. The IHS also utilizes the video bridge for a number of administrative calls throughout the agency. When telemedicine use is expanded, the IHS will need to utilize additional staffing and resources to ensure the quality of service for telemedicine.

*Question.* Does IHS have the infrastructure to provide telehealth service?

#### **Barriers and Constraints**

**Answer.** Network bandwidth is a key requirement to successfully provide telehealth services. Many IHS sites are experiencing challenges to fund the cost of bandwidth upgrades in order to provide telehealth services. Approximately 75% of the IHS sites are located in areas defined as "rural" by the Federal Communications Commission (FCC). (The FCC's definition for a rural area is based on census data and population density.) IHS rural sites pay a higher percentage of their operating budget (versus urban locations) on monthly circuit costs (e.g., the cost of the circuit at the Great Plains Area data center in Sioux Falls is \$2,430 per month versus a cost of \$7,616 per month at Rapid City or \$6,021 per month at Rosebud). IHS rural sites are frequently asked to fund the capital (construction) costs required for bandwidth upgrades. In some cases, telecommunication providers are not able to offer any upgrade options at IHS locations.

At IHS rural sites, circuit outages and restoration times are above industry averages, due to outdated equipment and small regional telecommunication providers covering large geographically areas with long travel times between repair zones.

#### **Mission Impact**

Bandwidth constraints negatively impact the ability for IHS to offer telehealth services at some locations. Network circuits are frequently congested at hospitals and clinics, especially during busy periods of the day. Staff receive slow responses when accessing applications to enter and retrieve information, negatively impacting patient interaction, productivity and staff hiring and retention. Cyber-security risks increase as unsecure, personally provided network connections are sometimes used to supplement securely managed connections. The adoption of next generation healthcare delivery options and the use of Tele-Education for distance learning and collaboration with healthcare specialists at universities and other providers is constrained by low network speeds.

*Question.* Does IHS staff have adequate training to provide telehealth service?

**Answer.** The IHS currently delivers high quality telehealth care. With the expansion of services and capabilities, the IHS would benefit from additional training for staff supporting the IT infrastructure and for the clinical staff delivering care.

*Question.* What type of IT security measures has IHS taken?

**Answer.** The Indian Health Service (IHS) uses secure information technology (IT) to improve health care quality, enhance access to specialty care, reduce medical errors, and modernize administrative functions consistent with the Department of Health and Human Services (HHS) enterprise initiatives. The mission of the IHS Information Security Program is to provide an Agency-wide secure and trusted information technology environment in support of IHS' commitment, in partnership with American Indian and Alaska Native people, to raising their physical, mental, social, and spiritual health to the highest level.

The IHS incorporates guidance from the National Institute of Standards and Technology (NIST), Office of the National Coordinator (ONC) and industry best practices to conform to the Federal Information Security Management Act (FISMA) and other applicable regulations. IHS strives to provide the highest security posture without negatively impacting the sovereignty of the 567 tribal nations served. IHS is responsible for maintaining an information security program that provides protection for information collected or maintained by or on behalf of the Agency; and information systems used or operated by the Agency or by a contractor of the Agency or other organization on behalf of the Agency.

## QUESTIONS SUBMITTED BY HON. DEAN HELLER

*Question.* In August 2015, the Nevada CO-OP announced it will cease operations in 2016 due to solvency issues. Over 20,000 Nevadans were left without the health plan, provider network, coverage and cost they had signed up for.

As these enrollees were required to select another plan for 2016, with limited options in the Nevada Exchange many of these Nevadans selected Prominence Health.

I received a notification from Carson Medical Group in Carson City, Nevada that notifies their patients that because Prominence Health Plan unilaterally cut reimbursement by 33 percent that they are opting out of the Prominence Exchange plans entirely, starting January 31, 2015. Carson Medical received this notification after open-enrollment started, and their patients were given an urgent message over the holidays just a few weeks before the open-enrollment period ends.

This is just one story of hundreds that I have heard throughout my home state of Nevada. If you like your health plan, you probably aren't going to be able to keep it. If you like your doctor, you probably aren't going to be in network or your doctor probably won't be taking your insurance any longer due to reimbursement issues. The CO-OP enrollees in Nevada have seen broken promise after broken promise.

As you know, the CO-OP in Nevada gave its bankruptcy notice in August 2015. CMS indicated they would fill the gap in funding through the end of the plan year, and CO-OP enrollees would be required to choose another plan for 2016. I would reference a story from my constituent in Las Vegas who has been receiving claims from health providers indicating that the federal government has not released funds to the CO-OP plan since August 2015. This has caused tremendous anxiety for Nevadans on a fixed income, having lost their health insurance and unsure if they are going to be responsible to pay these claims, or if the federal government will pay the claim on behalf of the now failed CO-OP. Will the administration release funds for medical claims from August 2015–December 2015? How are you communicating with CO-OP beneficiaries to offer clear direction as to what claims they are responsible for, and which claims will be paid by the government on behalf of the CO-OP?

*Answer.* Nevada Health CO-OP received a CO-OP loan for \$65,925,396, of which only \$25,000 remained undisbursed as of the end of the 2015. HHS has worked with the Nevada Department of Insurance (DOI) to manage the CO-OP's use of its Loan Funds to ensure that Nevada Health CO-OP's priority is to continue with an orderly wind-down. While the state of Nevada does not have a guarantee fund to help cover the claims of any issuer that goes out of business during the year, state law prevents providers from refusing services, or back billing for services already provided.

*Question.* Are you aware of situations, like we have in Nevada, where a number of consumers were enrolled in a CO-OP, the CO-OP went bankrupt, they had to choose another plan, only to find out that their doctor will not accept that plan?

*Answer.* Consistent with guidance issued by CMS in 2014,<sup>2</sup> health insurance issuers, including CO-OPs, are required to send a standard notice to consumers when a plan discontinues. The notice informs consumers that they have until December 31 to enroll in a new plan for January 1 coverage and until the end of February to select a new plan through a special enrollment period. Like other plans discontinuing coverage in 2016, CO-OPs sent notices to all affected enrollees informing them that their plan would not be offered in 2016, and that they must return to the Marketplace during Open Enrollment to choose a new plan.

All consumers shopping for 2016 coverage on *HealthCare.gov*, including those affected by a closing CO-OP, were able to use new consumer shopping tools during Open Enrollment. The new Doctor and Facility Lookup feature and the Prescription Drug Lookup feature provide consumers with easily searchable information about a plan's network of doctors and covered prescription drugs as consumers shop and enroll in coverage. *HealthCare.gov* also featured the new Out-of-Pocket Cost Comparison Tool. The feature provides consumers with an estimate of what their premiums, deductibles, and co-pays may be, based on their own anticipated health care service utilization, for each specific plan. Understanding total out of pocket costs for any given coverage option is essential for consumers to select the most appropriate plan.

<sup>2</sup><https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/renewal-notices-9-3-14-final.pdf>.

*Question.* In the case of Carson Medical Group, they were notified of a huge cut in reimbursement after the open-enrollment period started. How and when is CMS communicating rate notices to providers so they can help their patients make educated decisions on which plans meet their financial and medical needs during the open-enrollment period?

Answer. Like all private health insurance plans, Marketplace plans negotiate the rates they pay to providers with those providers. Because CMS does not participate in these private rate negotiations, we cannot notify providers of any changes resulting from them.

CMS did develop a number of new features for 2016 Open Enrollment on *HealthCare.gov* to better assist consumers in finding Marketplace plans that meet their needs. The new Out of Pocket Cost calculator, Doctor and Facility Lookup, and Prescription Drug Lookup features helped consumers to more easily search for the plan that best met their budget and health needs.

The Out of Pocket Cost calculator helps consumers better estimate the cost of their health care based on their own personal situation. The feature provides consumers with an estimate of what their premiums, deductibles, and co-pays may be, based on their own anticipated health care service utilization, for each specific plan. Understanding total out of pocket costs for any given coverage option is essential for consumers to select the most appropriate plan. Consumers can get this information before they select a plan.

Additionally, this year is the first time insurers are required to provide an up-to-date, accurate, and complete provider directory, including information regarding which providers are accepting new patients, the provider's location, contact information, specialty, medical group, and any institutional affiliations, in a manner that is easily accessible to plan enrollees and prospective enrollees. Plans must also provide access to information on what medications are covered in the health plan formulary. *HealthCare.gov* has access to data from over 90 percent of insurance companies on the Marketplace. The new Doctor and Facility Lookup feature and the Prescription Drug Lookup feature provide consumers with easily searchable information about a plan's network of doctors and covered prescription drugs as consumers shop and enroll in coverage. If an insurance company has not provided validated data, consumers will be alerted when they search for a provider that there is "no data from insurance company." Plans must update these lists at least monthly and CMS updates the *HealthCare.gov* search features on a daily basis, based on the latest data available from plans. However, health plans can change which doctors and facilities are in their networks on a continual basis, and providers can change locations and affiliations. For these reasons, we have encouraged consumers to also check with their doctor or plan to confirm that their doctor accepts that plan.

*Question.* I also recently received an e-mail from a constituent in Carson City. She informed me that she has lost her doctor, OBGYN, lab and clinic of 38 years as a result of Carson Medical Group no longer accepting the Obamacare Exchange plans. She receives a subsidy, but still pays over \$900 month. She still does not have a doctor, and only three family physicians are in the area and none of them are taking new patients. How are consumers made aware of their network adequacy on Exchange plans, so they can make educated decisions while choosing a health plan?

Answer. Under 45 CFR 156.230(b), a qualified health plan (QHP) issuer must publish an up-to-date, accurate, and complete provider directory, including information on which providers are accepting new patients, the provider's location, contact information, specialty, medical group, and any institutional affiliations, in a manner that is easily accessible to plan enrollees, prospective enrollees, the State, the FFMAs, CMS, and the Office of Personnel Management. As noted above, CMS will consider a provider directory to be up-to-date if the issuer updates it at least monthly. However, health plans can change which doctors and facilities are in their networks on a continual basis, and providers can change locations and affiliations. For these reasons, we have encouraged consumers to check with their doctor or plan to confirm that their doctor accepts that plan.

In addition to making provider directories available, pursuant to 45 CFR 156.230(a)(2), an issuer of a QHP that uses a provider network must "maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance use disorder services, to assure that all services will be accessible to enrollees without unreasonable delay." All issuers applying for QHP certification attest that they meet this standard as part of the certification process.

Issuers must continue to meet network adequacy standards throughout the year (not just at time of certification) and may need to adjust networks, if necessary, for example through the addition of providers to the extent the plan modifies its contracts with one or more providers. CMS monitors network adequacy throughout the year and will coordinate with state Departments of Insurance which, in most cases, hold primary enforcement jurisdiction over network adequacy rules, should it be necessary to remedy potential deficiencies.

*Question.* How much money has been spent with extra communication to CO-OP enrollees, notifying them of their plan cancellations?

*Answer.* Consistent with guidance issued by CMS in 2014,<sup>3</sup> health insurance issuers, including CO-OPs, are required to send a standard notice to consumers when a plan discontinues. The notice informs consumers that they have until December 31 to enroll in a new plan for January 1 coverage and until the end of February to select a new plan through a special enrollment period. Like other plans discontinuing coverage in 2016, CO-OPs sent notices to all affected enrollees informing them that their plan would not be offered in 2016, and that they must return to the Marketplace during Open Enrollment to choose a new plan.

*Question.* How much money was spent in 2015 to bail out CO-OPs for the remainder of the 2015 plan year, once a CO-OP had gone bankrupt?

*Answer.* CMS did not award any new funding to any CO-OP that announced plans to wind down by the end of 2015. In some cases, if a closing CO-OP had undisbursed loan funding available, CMS did disburse the remaining funds to protect consumers by helping to cover outstanding provider claims.

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QUESTIONS SUBMITTED BY HON. ROB PORTMAN AND HON. ROBERT P. CASEY, JR.

*Question.* CMS's payment delay in the 2016 Medicare fee schedule for certain durable medical equipment guarantees that providers will incur higher billing costs and considerably longer payment time frames. Are you concerned that this delay will lead to beneficiary access issues due to the strain placed on providers as a result of CMS's recent actions which the law was supposed to prevent?

*Answer.* I understand and appreciate your concerns about implementation of this statutory provision. I can assure you that CMS is implementing the Patient Access and Medicare Protection Act such that beneficiaries have access to wheelchair accessories and seat and back cushions when furnished with Group 3 complex rehabilitative power wheelchairs. Although the effective date of the legislation is January 1, 2016, unfortunately, changes to the Medicare claims processing systems cannot be implemented any sooner than July 1, 2016. The changes required under the Patient Access and Medicare Protection Act involve system logic in over 30 different claims processing system modules to distinguish between the accessory code and the type of wheelchair being billed as these accessories can be used with various types of wheelchairs. To ensure beneficiary access to these accessories particularly for these vulnerable populations, advance payment may be available for suppliers meeting the conditions described in CMS regulations. We are monitoring beneficiary access closely during this period and intend to take any actions necessary to address specific cases.

*Question.* Medicaid and private insurers (many of which index off Medicare) are already beginning to look at adopting the reduced rates and will not wait until July or retroactively restore payments thereafter once Medicare implements the correct rates. Has HHS considered how this delay in payment will impact the other providers, such as Medicaid and private insurers, who base their reimbursement rates on Medicare reimbursement?

*Answer.* Beginning January 1, 2016, the DME fee schedule rates were adjusted to reflect information from the DMEPOS competitive bidding program as required by section 1834(a)(1)(F)(ii) of the Social Security Act. These adjustments are being phased in during the initial 6 months of 2016 so that the fee schedule amounts in all areas will be based on a 50/50 blend of current rates and adjusted rates. The Patient Access and Medicare Protection Act requires that adjustments to the 2016 Medicare fee schedule amounts for certain durable medical equipment based on information from competitive bidding programs not be applied to wheelchair acces-

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<sup>3</sup><https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/renewal-notices-9-3-14-final.pdf>.

sories (including seating systems) and seat and back cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs. Although the effective date of the legislation is January 1, 2016, unfortunately, changes to the Medicare claims processing systems cannot be implemented any sooner than July 1, 2016. Information about the payment for these items is available on the CMS website and in CMS regulations for stakeholders to review.

*Question.* Please provide us with an itemized list of every time Congress mandated a payment change in the Medicare program, how long before implementation was the bill signed into law and how long it took CMS to implement the change.

*Answer.* CMS implements statutory changes as efficiently and timely as possible. As you are aware, Congress has mandated a significant number of payment changes since the inception of the Medicare program. Unfortunately, we do not have this information at hand. The circumstances of each statutorily required payment changes vary based on the timing of passage and enactment and the complexity of the provision. In order to implement any provision, we have to carefully consider all aspects of implementation, including the complexity of the provision, whether rulemaking is required, and the types of system changes and testing necessary. We have to balance completing implementation as expeditiously as possible while ensuring enough time to adequately test and prepare the systems for changes. The changes required under the Patient Access and Medicare Protection Act involve system logic in over 30 different claims processing system modules to distinguish between the accessory code and the type of wheelchair being billed as these accessories can be used with various types of wheelchairs.

*Question.* Please provide an itemized list of every time CMS sped up the implementation of a payment change. Please include information on whether this was a recurring or non-recurring change, if it was Congressionally mandated or part of a fee schedule, information on why CMS felt this change was worth implementing sooner than the typical schedule would allow, when the change was made compared to when it was supposed to be made and the steps that had to be taken to get the change implemented earlier.

*Answer.* CMS implements statutory changes as efficiently and timely as possible. As you are aware, Congress has mandated a significant number of payment changes since the inception of the Medicare program. Unfortunately, we do not have this information at hand. However, an example of payment changes that were implemented on a quick time frame are the ones that provided relief on the reductions from the sustainable growth rate. These payment changes were to a fee schedule and were recurring, which means they were system changes that were updated on a routine basis. The changes required by Patient Access and Medicare Protection Act are new and non-recurring. They involve system logic in over 30 different claims processing system modules to distinguish between the accessory code and the type of wheelchair being billed as these accessories can be used with various types of wheelchairs. The changes to the sustainable growth rate fee schedule did not have this type of complexity. To ensure beneficiary access to these accessories particularly for these vulnerable populations, advance payment may be available for suppliers meeting the conditions described in CMS regulations. We are monitoring beneficiary access closely during this period and intend to take any actions necessary to address specific cases.

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QUESTION SUBMITTED BY HON. RON WYDEN

CONTRACTOR OVERSIGHT

*Question.* The Affordable Care Act (ACA) provided funding to help states establish their state-based Marketplaces. There were four different grants programs: Planning Grants (up to \$1 million each); Level One Establishment Grants (up to one year of funding); Level Two Establishment Grants (up to three years of funding); and Early Innovator Grants (two-year grants for Information Technology (IT) infrastructure development). In total, \$4.987 billion was spent.<sup>4</sup>

A number of states that received money struggled to enroll consumers during the first open enrollment periods. Some ultimately had to rely on the Federally-Facilitated Marketplace ([www.healthcare.gov](http://www.healthcare.gov)) or have started using technology from

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<sup>4</sup><http://kff.org/health-reform/state-indicator/total-exchange-grants/>.

other states. The federal money that went to these states for exchange implementation total roughly \$1.126 billion.

We are all well aware of the failures of several contractors to successfully build up both the federal and state Exchanges in year one. I'm glad that most of those mistakes have been rectified and that this year enrollment numbers are high. I believe that every effort should be made to recoup money from those who didn't deliver first. Those are the contractors.

As Deputy Secretary you will oversee all operations including the disbursement of funds to outside contractors. How will you make sure that taxpayer funds are not being wasted and that contractors are held accountable for failing to deliver results?

**Answer.** Your question mentions grant funds provided to states through the Affordable Care Act. The Department takes seriously its responsibility to taxpayers and consumers. The Centers for Medicare and Medicaid Services (CMS) is committed to strong ongoing oversight of the SBMs that protects taxpayer funds. CMS uses established oversight mechanisms to monitor the use of section 1311 grants by the SBMs. This federal oversight follows the requirements of applicable guidance and law, including Office of Management and Budget circulars and Department of Health and Humans Services (HHS) grant regulations: CMS continues to oversee and monitor each SBM's performance through reporting requirements that demonstrate a SBM's adherence to program requirements.

The recoupment of funds from SBM contractors is an area where the federal government has a specific interest. For example, Maryland recently announced a settlement with one of its vendors, Noridian. Noridian has agreed to pay back \$45 million that it had received from the SBM, of which CMS will receive approximately \$32 million. CMS is working with the Maryland SBM so that funds are returned to the federal government. If another SBM reaches a similar settlement with their vendor, CMS will ensure that the federal government will recover its fair portion.

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QUESTIONS SUBMITTED BY HON. MARIA CANTWELL

*Question.* Washington state has been an early adopter and a national leader in implementing health reform, yet it must still do more to control costs and make coverage more affordable for its low and middle-income individuals.

I worked to include the Federal Basic Health Plan in the Affordable Care Act, which was based on Washington state's successful Basic Health program. This option enables states to better utilize federal dollars to negotiate directly with health insurers. It will help states provide more stable coverage to individuals making between 133 and 200 percent of the Federal poverty level.

Will you commit to working with my state and other states to implement the Basic Health Plan Option?

**Answer.** I agree that the Basic Health Program (BHP) can provide flexibility and stability to both states and their consumers, and HHS is committed to working with states to implement the basic health plan option.

On March 12, 2014, CMS released the final rule for the BHP. CMS established standards for state and federal administration of the program, including provisions regarding eligibility and enrollment, benefits, cost-sharing requirements, and oversight activities. Where possible, CMS aligned BHP rules with existing rules governing coverage through the Marketplace, Medicaid, or CHIP to simplify administration for states and to promote coordination between the BHP and other health insurance programs. The final rule also specifies that CMS will annually publish a proposed and final BHP Payment Notice.

On October 21, 2015, CMS issued a proposed BHP payment notice providing the methodology and data sources to determine federal payment amounts made in program years 2017 and 2018 to states that elect to use the BHP to offer health benefits to low-income individuals otherwise eligible to purchase coverage through the Marketplace. CMS plans to issue a final notice by February 2016, as announced in the BHP regulations. The February timeframe gives states time to make necessary program adjustments to participate or to begin implementation.

*Question.* For years, providers in Washington state have been delivering care that is both cheaper and higher in quality than is in other parts of the country. Yet Washington state providers are actually penalized for keeping patients healthy and

reducing costs: in 2010, annual Washington state Medicare reimbursements per enrollee were about \$1,800 less than the national average.

As the Administration implements the SGR bill we passed last year—particularly the alternative payment models—how will HHS incentivize health care providers in low fee-for-service states like mine?

Answer. The Administration is committed to achieving better care, smarter spending, and healthier people throughout the country, in lower- and higher-spending areas alike. As we develop the policies through rulemaking for the provisions in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), health care professionals will be encouraged to provide high quality care and receive positive incentive payments based either on their participation in the Merit-based Incentive Payment System or through their participation in certain alternative payment models. These provisions are structured to reward professionals through incentive payments for performing well on quality measures and providing care more efficiently at a lower cost.

In addition, we recently released a proposed rule to update the methodology used to measure the performance of Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program. The proposed changes are focused on incorporating regional fee-for-service expenditures into the methodology for establishing, adjusting, and updating an ACO's historical benchmark used for determining ACO performance for its second or subsequent agreement period. Through these proposed changes to the methodology for determining the ACO's rebased historical benchmark, CMS is seeking to reflect an ACO's performance against providers in the same market, rather than just evaluating the ACO against its own past performance. We believe this proposal will improve the program's incentives for ACOs by recognizing an ACO's efficiency relative to its region and limiting the link between an ACO's performance and its future benchmarks.

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QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

*Question.* Ms. Wakefield, as you stated in your testimony before the committee, much of your experience involves issues related to rural health care. While we can all agree the need to ensure people in rural areas have access to care, we cannot forget the serious access issues facing the 80 percent of Americans who live in urban and inner-city areas.

My state of New Jersey is the most densely populated state in the nation. According to the 2010 Census, New Jersey has a population of 9 million people and a population density of 1,218 people per square mile.

At the beginning of February, I participated in the ribbon cutting at a new federally-qualified health center in Newark, which is located in Essex County and home to 800,000 residents, more than your entire home state of North Dakota. This health center, which is only open part-time pending additional funding, is the only health care access point in the community. Prior to this center opening, access to care—especially the bilingual care many of this community's residents require—often involved a prohibitively long bus or train ride and was simply out of reach for most.

I mention these data not as a judgment against rural areas, but to highlight the existing issues facing city-dwellers when it comes to accessing needed health care services. Despite this need, however, our health programs, like Medicare, include many provisions exclusively aimed at rural areas. In fact, many of these provisions expressly prohibit the participation of urban providers or any provider in states like New Jersey which are considered to be "all urban." No similar urban-only programs exist. Additionally, it was recently announced that Acting CMS Administrator Andy Slavitt is creating a so-called "rural health council" to further focus on these issues. I agree that ensuring access to quality affordable health care across this nation should be our ultimate goal, however I fear that while special attention is being paid to rural areas, urban and inner-city areas are being left in the lurch.

What concrete steps will you commit to me to take to ensure equal time and effort is put into addressing the health care needs of urban and inner-city communities as it is for rural areas?

Answer. The Administration is committed to achieving better care, smarter spending, and healthier people in rural and urban areas alike. The Center for Medicare and Medicaid Innovation (CMMI) is testing several models in urban communities

that aim to improve the quality of care and reduce costs. The Comprehensive Primary Care initiative, which is testing health care delivery improvements to Medicare and Medicaid beneficiaries in the primary care setting, operates throughout the state of New Jersey and in other urban areas. The Comprehensive Care for Joint Replacement Model, set to begin on April 1st, will hold hospitals in 67 Metropolitan Statistical Areas around the country accountable for the quality of care they deliver to Medicare fee-for-service beneficiaries for hip and knee replacements and/or other major leg procedures from surgery through recovery. Several participants in our new accountable care organization (ACO) model, the Next Generation ACO Model, will be serving urban populations. Under this new model, participants are ACOs that are experienced in coordinating care for populations of patients and whose provider groups are ready to assume higher levels of financial risk and reward. Through these and other models testing innovative payment and service delivery approaches, we are seeking to support high quality care in urban areas.

Additionally, during the recent open enrollment for the Health Insurance Marketplace, the Department put a strong effort into reaching out to consumers in urban areas. We opened dozens of storefront enrollment centers throughout the country, including three in densely populated Northern New Jersey. Additionally, the White House launched the “Healthy Communities Challenge,<sup>5</sup>” to engage key communities with large numbers or high percentages of uninsured in states across the country where strong federal, state and community collaboration can have a meaningful impact on reaching the uninsured. Through this challenge, we are calling on community leadership to build outreach efforts to reach these remaining uninsured and help them gain coverage.

HHS investments in urban and inner-city communities are demonstrable, just as they are in rural areas. One example is community health centers. Health centers deliver comprehensive, high-quality, cost-effective primary health care to nearly 23 million patients living in urban and rural communities nationwide. Health Center Program statutory requirements in awarding funding include consideration of the rural and urban distribution of awards: no more than 60 percent and no fewer than 40 percent of funding may be awarded to either rural or urban health centers. In Fiscal Year 2015, the Health Resources and Services Administration (HRSA) awarded 59 percent of operational grant funding (\$2.5 billion) to health centers located in urban areas. HRSA will continue to adhere to this statutory requirement for all current and future awards. Future awards are dependent upon continued appropriations.

We also improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. HHS supports the health care workforce across the entire training continuum—from academic training of nurses, physicians, and other clinicians—and expands the primary care workforce of clinicians who provide health care in rural and other underserved communities across the United States. Many of HRSA’s health workforce training programs have a statutory funding preference for applicants that can demonstrate they (1) place graduates/program completers in medically underserved communities, either rural or urban, or (2) serve rural or underserved populations.

For the National Health Service Corps (NHSC), the placement of NHSC clinicians is determined by health professional shortage area (HPSA) score regardless of whether the placement is urban or rural. As of FY 2015, 64 percent of the NHSC Field Strength is urban, while 36 percent is rural. Additionally, as of FY 2015, 80 percent of the Nurse Corps Field Strength is urban while 20 percent is rural.

HHS has many workforce program investments in underserved urban communities and will continue to support efforts to improve our health workforce for all underserved communities. Here are a few examples of how HHS is supporting underserved urban communities within New Jersey:

- In FY 2015, HRSA awarded approximately \$650,000 to the Cooper Medical School of Rowan University (CMSRU) via the Health Careers Opportunity Program. The CMSRU is a mission-focused institution with a history of commitment to the community and increasing diversity of the healthcare workforce. It is located in Camden, New Jersey. The goals of the project entitled, “Pathways to Success,” are to develop a larger and more competitive pool of dis-

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<sup>5</sup><https://www.whitehouse.gov/the-press-office/2015/11/06/fact-sheet-healthy-communities-challenge-new-orleans>.

advantaged applicants interested in careers in healthcare and to position them for success.

- In FY 2015, HRSA awarded approximately \$293,000 to the New Jersey City University (NJCU) via the Nursing Workforce Diversity program. The NJCU is partnering with Passaic County Community College, Essex County College and the Jersey City Medical Center, all of whom serve populations that are ethnically diverse and economically disadvantaged.

We look forward to continuing to work with you on ways that we can better address the health care needs of urban and inner-city communities.

*Question.* On November 4, 2015, more than three months ago, I sent the attached letter to Acting CMS Administrator Andy Slavitt. To date, we have not received a response or any indication of when a response might be forthcoming.

Will you ensure that CMS provides us with a comprehensive response to the issues outlined in the letter prior to your confirmation?

*Answer.* It's my understanding that Acting Administrator Slavitt responded to your inquiry on January 7, 2016. A copy of the response is attached.

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QUESTION SUBMITTED BY HON. BENJAMIN L. CARDIN

*Question.* As you know, pediatric dental coverage is included as an Essential Health Benefit (EHB) in plans offered through the health insurance marketplaces. To date, however, the Department of Health and Human Services (HHS) has not provided detailed information on marketplace dental enrollment for both stand-alone pediatric dental plans and health plans that provide pediatric dental benefits. Without this enrollment information, it is not possible to evaluate the extent to which including pediatric dental coverage as an EHB has increased the number of children with dental coverage in our country.

The Senate FY16 Labor-HHS Appropriations Committee Report included language directing HHS to include in its marketplace enrollment reports data on children enrolled or who have re-enrolled in marketplace dental coverage through both stand-alone dental plans and qualified health plans (QHPs) that include pediatric dental benefits. This language was included by reference in the Consolidated Appropriations Act of 2016 (omnibus spending bill).

Would you please discuss HHS's plans to make this data available and the timeline for doing so?

*Answer.* The Department is committed to providing the Committees with the most complete enrollment data available on children's dental coverage for states using the HealthCare.gov eligibility and enrollment platform and states using their own eligibility and enrollment platform. The Department will include this data in a future enrollment report this year.

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QUESTIONS SUBMITTED BY HON. MICHAEL F. BENNET

*Question.* Dr. Wakefield, the Drug Safety and Quality Act passed in 2013. It gave the Food and Drug Administration a timeline to implement a system to track and trace the pharmaceutical supply chain. This law now allows the FDA to track prescription drugs from the time they are manufactured to the moment a person picks up their prescription at the pharmacy. A key provision focused on our investigations into the gray market, where unscrupulous wholesalers would purchase drugs that are in a shortage and then resell these drugs at exorbitant prices to other wholesalers or pharmacies. We placed a particular emphasis on drugs that are distributed from primary wholesalers to secondary wholesalers and then to other secondary wholesalers and pharmacies. The legislation raised standards for all wholesalers to directly address this price gouging of drugs in short supply.

As consumers grapple with the high cost of drugs, we have an opportunity to help bring down the costs of drugs that are experiencing shortages due to sales on the gray market. Would you agree that the track and trace law can help address the gray market?

And critical to the successes of the system is its implementation. Where in the process is the FDA on publishing the necessary guidance and regulations to implement the provisions of the law that tackle drugs sold on gray market? Given the

effect that this law could have on drug prices, will you prioritize the effort to implement these provisions?

**Answer.** The Drug Supply Chain Security Act (DSCSA) addresses the gray market by outlining critical steps to build an electronic, interoperable system to identify and trace certain prescription drugs as they are distributed in the United States. The law provides greater accountability and transparency within our nation's drug supply to further create a closed distribution system.

To improve drug supply chain security, FDA has been implementing requirements of the Drug Supply Chain Security Act. As part of this effort, FDA has issued 6 guidances for industry, launched our Annual Licensure Reporting Database for Wholesale Distributors and third-party logistics providers (3PLs), and announced a public workshop on Proposed Pilot Projects under the DSCSA.

A key aspect of the law is that it requires exchange of product tracing information among trading partners, which helps enable verification of suspect and illegitimate product (including diverted drugs) at the lot level. In addition, starting in 2017, manufacturers will be required to imprint or affix a product identifier on certain prescription drugs that will help enable verification down to the package or homogeneous-case level. Starting in 2023, this product identifier will need to be incorporated into the product tracing information that trading partners exchange.

The DSCSA also requires members of the supply chain (manufacturers, repackers, wholesale distributors and dispensers) to conduct certain verification activities and conduct business only with authorized trading partners. If a suspect or illegitimate product is identified in the supply chain, trading partners are required to take certain actions to quarantine and investigate such products.

Additionally, the law requires wholesale distributors to report to FDA their wholesale distributor licenses in the U.S., creating a national database of licensed U.S. drug wholesalers. FDA is working diligently to develop national standards for licensure for wholesale distributors. As required by the DSCSA, these standards will address: storage and handling (including facility requirements), establishment and maintenance of records related to distribution of drugs, surety bonds, background checks, and inspections, among other requirements. FDA is also developing standards for licensure of third-party logistics providers, which should further enhance the integrity of the supply chain.

As noted above, FDA has made significant progress in implementing the DSCSA. The agency continues to work with stakeholders and conduct outreach to implement the requirements of the DSCSA and help ensure the integrity of the supply chain.

**Question.** In my home state of Colorado, at least eight rural hospitals are at risk of closing due to a Medicare payment system that does not adequately meet the needs of our nation's rural hospitals and families. If confirmed, how do you plan to prioritize this issue and stop the continuing closures of hospitals around the country that are often the only source of care in many communities?

**Answer.** HHS remains dedicated to improving access to health quality care for rural Americans. There doesn't appear to be a single factor driving the closure of rural hospitals, though we've observed some commonalities: rural hospitals may experience issues with low patient volume and declining population or challenges arising from market forces and industry consolidation. These facilities may also have concerns over payer mix in states that declined to expand Medicaid or states that had high rates of uninsured and few commercial payers.

HHS will continue to invest in rural communities through a number of innovative programs. The Center for Medicare and Medicaid Innovation is testing new payment and delivery models with a focus on making strides in improving the quality of care in rural areas. In FY 2017, Health Resources and Services Administration (HRSA) plans to award \$2.4 million in rural health network planning grants and more than \$4.2 million to support small health care provider quality improvement grants. Additionally, the FY 2017 Budget provides \$25 million in grants to support Critical Access Hospitals across the country. HHS continues to engage rural health stakeholders through projects such as the National Quality Forum to develop recommendations on performance measurement for rural and low-volume providers.

**Question.** Dr. Wakefield, as you know from your work at HRSA, the National Health Service Corps encourages providers to train in underserved areas in exchange for loan forgiveness. Rural retention of providers is a two-fold challenge. It involves both attracting and retaining the right talent. In Colorado, we have seen many providers join a rural health care facility for a period of their National Health

Service Corps but then choose to leave a rural area after their loan is fully forgiven. Many times, this occurs due to their partner having trouble locating work. Recruitment of primary care providers in rural Colorado can take more than 3 years and cost a facility upwards of \$50,000. Less than 40% of primary care physicians will remain in the community for more than five years. Has HRSA thought about addressing these rural provider retention issues in a way that could create a path for providers to train in rural areas earlier in their career? Are there ways to address comprehensive issues such as family and social supports needed in rural areas in order to maintain access to care for rural patients?

**Answer.** Having an adequate supply of trained providers in rural and other underserved areas is an issue of importance to HHS as well. Between FY 2017 and FY 2020, the Department proposes to devote a total of \$2.86 billion in funding to the National Health Service Corps (NHSC) to address health professional shortages in high-need rural and urban communities across the country. This request is part of a new investment beginning in FY 2017 to bolster the nation's health workforce and to improve the delivery of health care across the country. This funding will improve the distribution of health care providers into high-need areas and address the pipeline of new providers through the Scholarship and Student to Service Loan Repayment Program. In FY 2015, nearly half (47 percent) of NHSC clinicians are serving at rural sites.

The NHSC also works to retain primary care providers in underserved areas after completion of their service commitment to further leverage the federal investment and to build more integrated and sustainable systems of care. Recent surveys have noted a 55 percent retention rate for clinicians remaining in service to the underserved 10 years after completing their NHSC commitment. For short-term retention (defined as up to two years after service completion), the rate is 87 percent. In addition, the NHSC collaborates with partners in the community to conduct virtual job fairs to aid sites in rural and frontier areas in recruiting NHSC participants, including often providing support around partner or spouse employment opportunities.

HRSA has also expanded the number of Rural Training Track and Rural Residency programs nationally, growing the number of programs from 23 to 39 with eight more in development. Research indicates that physicians trained in a rural-focused residency are more than twice as likely to remain in rural practice as physicians trained in urban residencies. In addition, student interest in these programs is growing with an increasing match rate between medical students and rural training sites.

In addition, HRSA supports the work of the Rural Recruitment and Retention Network (3RNet), a national network of state-based rural workforce experts who work to link rural communities in need of a clinician with doctors, nurses and dentists who want to practice in rural communities. In the past year, the 3RNet placed more than 1,700 clinicians in rural communities.

We look forward to continuing to work with you on this issue and ways that we can address the needs of rural areas in Colorado and across the country.

**Question.** My office has heard from complex rehabilitation providers in Colorado that the delay in implementing Section 2 of the Patient Access and Medicare Protection Act could lead them to stop providing complex rehabilitation wheelchairs altogether. This would put patients with complex rehabilitation needs at risk of losing access to this specialized care. How will CMS help ensure that complex rehabilitation providers across the country will not be disproportionately burdened by the delay? And after July 1, 2016, how will CMS ensure that providers are able to receive payments from CMS in a timely and efficient manner?

**Answer.** CMS began working on implementation of the Patient Access and Medicare Protection Act of 2015 (PAMPA) when it first passed Congress in late December. Since PAMPA was signed into law at the end of December, it would not have been feasible for us to implement it on January 1, 2016. Given the amount of system changes required and the testing involved, the soonest we are able to implement this change is July 1, 2016. Until these changes are implemented, payments for these items will be based on the adjusted DME fee schedule amounts. The DME adjusted fee schedule rates are currently in a 50/50 blend during this 6-month transition period. On or after July 1, 2016, suppliers will receive the full fee schedule amount.

To ensure beneficiary access to these accessories, particularly for these vulnerable populations, advance payment may be available for suppliers. Suppliers are able to submit a single advance payment request to their Medicare Administrative Con-

tractor for multiple claims during this period. These advance payments may be issued if the requirements in CMS regulations are met.

CMS will be monitoring beneficiary access closely during this time to ensure they receive the wheelchairs and accessories that they need.

*Question.* When examining alternative payment models and primary-care medical homes, has the Administration examined integrating behavioral health in the primary care setting? Many times, a primary care setting is the first place a patient will go with concerns regarding mental health. How can we encourage primary care providers to integrate with behavioral health providers on the primary care team at the same site of care? If confirmed, is this something you will prioritize as Deputy Secretary of HHS?

*Answer.* CMS is testing new models of payment and care delivery that promote the integration of behavioral health in the primary care setting. For example, many practices participating in the Comprehensive Primary Care initiative, a multi-payer partnership with Medicare, other public and private payers, and primary care practices to test improvements in primary care delivery, have chosen to implement the integration of behavioral health services as an advanced primary care strategy. Under these efforts, many of the practices are assessing and supporting the psychological and social aspects of patients' health, and coordinating mental health and substance abuse resources to address patients' needs, as well as employing behavioral health specialists. HHS believes investments in these types of models that test the integration of behavioral health services across settings can support high quality, effective care.

Mental health professionals have also said that communication with the primary care and other medical professionals is important and that a barrier to effective care coordination between these providers is separate payment. In the CY 2016 Medicare Physician Fee Schedule Proposed Rule, CMS sought information to assist the agency in considering refinements to coding and payment using the collaborative care model that could be developed through rulemaking for implementation in CY 2017. Collaborative care typically is provided by a primary care team, consisting of a primary care provider and a care manager, who works in collaboration with a psychiatric consultant, such as a psychiatrist. Care is directed by the primary care team and includes structured care management with regular assessments of clinical status by a psychiatric consultant. For example, CMS sought comment on how a code similar to the chronic care management code applicable to multiple diagnoses and treatment plans could be used to describe collaborative care services. CMS is carefully considering the comments it received on the collaborative care model to determine any next steps.

*Question.* As CMS and States move forward with the implementation of the Medicaid conflict-free case management rule, how can we help ensure that patients do not lose access to the case workers and providers with whom they have developed relationships?

*Answer.* The conflict of interest protections require that providers of HCBS must not provide case management or develop the person-centered service plan, except when the state demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the state must devise conflict of interest protections which must be approved by CMS. CMS recognizes that in some instances the availability of certain providers will be impacted and we are actively working with states to meet these requirements while minimizing the potential impact on Medicaid beneficiaries.

*Question.* Certain states like Colorado are awaiting decisions from the Centers for Medicare and Medicaid for specific Medicaid waivers in order to provide more innovative local care to Medicaid beneficiaries. When more than one waiver is awaiting a decision from the CMS for a long time, Medicaid beneficiaries can suffer as their health care cannot be customized for them in terms of state resources, capacity, and innovation. If confirmed, will you prioritize timely decision-making on State Medicaid waiver applications?

*Answer.* I appreciate the importance of a timely decision-making on state Medicaid applications. I understand that CMS makes every effort to respond to states in a timely manner and has taken steps to streamline the review and approval process. For example, CMS has designed a section 1115 demonstration application template that is available for states to use at their option to help ensure, among other things, that they are providing CMS with the information needed to review a section

1115 demonstration application in accordance with Federal regulation. CMS also established a new “fast track” process for reviewing proposals from states to extend established section 1115 demonstrations that reauthorize longstanding policies with proven program outcomes. This process is designed to facilitate faster review of and federal decisions regarding state requests to extend established 1115 demonstrations, reducing administrative burden on states and the federal government.

It is important to note that each state’s application is unique and the complexity and goals of the request will dictate the length of time needed for review. At times, states add to and revise their initial requests, which can also lengthen the time that it takes to approve a demonstration. We have an obligation to conduct thorough reviews of waiver applications, given that the beneficiary experience and Federal dollars are at stake. If confirmed, I will prioritize timely decisions while continuing our obligations to fully review waiver applications.

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PREPARED STATEMENT OF HON. RON WYDEN,  
A U.S. SENATOR FROM OREGON

The Finance Committee is meeting today to consider four nominations for key posts in the administration: Dr. Mary Wakefield to be Deputy Secretary of the Department of Health and Human Services; Ms. Elizabeth Ann Copeland and Mr. Vik Edwin Stoll to be judges on the U.S. Tax Court; and Mr. LaMont Eanes to be Deputy Commissioner of the Social Security Administration.

First is Dr. Wakefield, who has served as Acting Deputy Secretary since March of last year. When you ask Dr. Wakefield to describe her role, she’ll tell you it’s like being the chief operating officer. And that is a demanding role at an agency comprised of eleven operating divisions, including the Centers for Medicare and Medicaid Services, the Administration for Children and Families, the Food and Drug Administration, and the National Institutes of Health.

Before becoming Acting Deputy Secretary, Dr. Wakefield served for six years as Administrator of the Health Resources and Services Administration. She is an expert in rural health, an educator, and a nurse. She’s even a former Capitol Hill staffer, which means she understands how to work effectively with Congress. In my view, she is a very well-qualified nominee.

Next are Elizabeth Ann Copeland and Vik Edwin Stoll, both nominated to be judges on the U.S. Tax Court. These two nominees each have decades of valuable experience in tax law, Ms. Copeland in Texas and Mr. Stoll in Missouri.

For nearly a century, the Tax Court has guaranteed an important level of transparency and due process that protects every American taxpayer. It ensures that all Americans can get a fair and timely hearing on tax disputes before having to fork over a dollar. Without this system, taxpayers would be forced to pay up front and make their case in slower-moving federal courts.

The 19 judges who make up the Court have a challenging mission that requires them to travel all around the country to dozens of cities. These judges do indispensable work to ensure that taxpayers’ voices are heard and the nation’s tax laws are enforced in a fair and effective manner.

Next is Mr. LaMont Eanes, nominated to be Deputy Commissioner of Social Security. This program is a lifeline for seniors, serving more than 60 million Americans and keeping many of them from falling into poverty. And SSA is a big agency with 1,280 field offices nationwide to meet people’s needs. It requires strong, confirmed leadership.

Some have raised questions about this nomination because Mr. Eanes background is not in social insurance or public management. But sometimes, a fresh perspective may be valuable in helping tackle challenges in federal agencies. Mr. Eanes brings significant management and technology expertise from his time in the private sector, which could be highly beneficial to Social Security in delivering the best possible customer service.

Finally, I want to remind the committee that Social Security has not had a confirmed Commissioner in place since February 2013. This committee should consider whether or not it is wise to confirm a Deputy before a Commissioner is confirmed. SSA runs best when its uppermost leadership positions are filled by strong leaders who’ve been approved by the Senate, but legitimate questions have been raised about the best way to proceed.

So I look forward to discussing that issue with my colleagues, and my hope is the administration puts forward a nominee to be Commissioner for the committee to process as soon as possible.

Congratulations to our nominees, and thank you for being here today.

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## COMMUNICATION

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AMERICAN ASSOCIATION OF COLLEGES OF NURSING  
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February 11, 2016

Senate Committee on Finance  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510

RE: Senate Finance Committee Hearing to Consider the Nominations of Mary Katherine Wakefield, Andrew LaMont Eanes, Elizabeth Ann Copeland, and Vik Edwin Stoll, February 4, 2016

Submitted by: Deborah Trautman, Ph.D., R.N., FAAN, President and CEO  
American Association of Colleges of Nursing  
One Dupont Circle NW, Suite 530  
Washington, DC 20036

On behalf of the American Association of Colleges of Nursing (AACN), I would like to extend our continued support for the nomination of Mary Wakefield, Ph.D., R.N., FAAN, for Deputy Secretary of the U.S. Department of Health and Human Services (HHS), and I urge her confirmation. As the national voice for baccalaureate and graduate nursing education, AACN represents over 780 schools of nursing that educate more than 457,000 students and employ over 18,000 full-time faculty members. These institutions are responsible for producing half of our nation's registered nurses and all of our advanced practice registered nurses, nurse faculty, nurse researchers, and other professionals with advanced nursing degrees.

Throughout her career, Dr. Wakefield has been a bold leader committed to increasing access to high-quality, affordable health care for millions of Americans. During her service as Administrator of the Health Resources and Services Administration (HRSA), she guided the agency's programs that responded to the needs of the health professions workforce and our nation's most vulnerable patients. As the Acting Deputy Secretary of HHS, she has demonstrated her ability to affect positive change in the healthcare field through partnering with numerous internal and external stakeholders.

Prior to coming to Washington, DC, Dr. Wakefield was a leading rural healthcare advocate as the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Science. During her time at HRSA, she continued her work in rural healthcare as the chair of the Institute of Medicine's (IOM) committee that produced the report, *Quality Through Collaboration: Health Care in Rural America*, which examines the quality of health care in underserved regions of the country. Additionally, she helped shape national health policy around rural healthcare as a member of the National Advisory Committee to HRSA's Office of Rural Health Policy. Throughout her luminous career, she has demonstrated a commitment to ensuring our most vulnerable communities are not excluded from national dialogues on healthcare transformation.

Moreover, Dr. Wakefield has exemplified the ability to address problems affecting Americans and solutions through her positions on numerous prestigious healthcare agencies and committees.

During her time on the Medicare Payment Advisory Commission, various IOM committees, and as the Chair of the National Advisory Council for the Agency for

Healthcare Research and Quality, Dr. Wakefield contributed to the implementation of long-lasting and impactful changes to our healthcare delivery system.

Dr. Wakefield's honesty, tenacity, and ability to collaborate with innumerable stakeholders was echoed through her own words when she testified before the Senate Finance Committee on February 4, ". . . it really is in a nurse's DNA to work collaboratively and to address problems fully and quickly." This ability to work collectively to solve problems has been evident in her work at HRSA and HHS, and we are confident she will continue to do so as Deputy Secretary for the Department.

AACN recognizes that Dr. Wakefield's leadership would continue to be of great asset to HHS and the nation at-large, and therefore fully supports her nomination and urges her confirmation.

If our association can be of any assistance to you or your staff, please do not hesitate to contact AACN's Senior Director of Government Affairs and Health Policy, Dr. Suzanne Miyamoto, at [Smiyamoto@aacn.nche.edu](mailto:Smiyamoto@aacn.nche.edu) or 202-463-6930, ext. 247.

Sincerely,

Deborah Trautman, Ph.D., R.N., FAAN  
President and CEO

